West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

23 FEBRUARY 2012

AGENDA AND MEETING PAPERS

All information contained in these committee papers is subject to change

AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREY BASE HOSPITAL BETWEEN 9.00 AM AND 10.45 AM ON FRIDAY 23 FEBRUARY 2012

1 Welcome / Introductions / Apologies

2 Agenda

3 Karakia

3 Disclosure of Interest

4 Minutes of the Meeting held Thursday 17 November 2011

5 Matters Arising / Actions and Responsibilities

6 Committee Chairs Report

7 Correspondence

8 Reports:

Organisational Leadership
Clinical Leadership Team
Community and Public Health
Better Sooner More Convenient and Alliance Leadership
Primary Health Organisation Quarterly Report October 2011 to December 2011

9 ***General Business:***
Items to be reported back to Board

10 Information Papers

IN-COMMITTEE

2012/13 Annual Plan and Statement of Intent

NEXT MEETING – 12 APRIL 2012

KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this time so that we may work together in the spirit of oneness on behalf of the people of the West Coast.

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
CHAIR Elinor Stratford (Board Member)	• Manager, Disability Resource Service West Coast • Clinical Governance Committee, West Coast Primary Health Organisation • Committee member, Active West Coast • Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust • Deputy Chair of Victim Support, Greymouth • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Board's Representative on Tatau Pounamu
DEPUTY CHAIR Kevin Brown (Board Member)	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife is a Pharmacy Assistant at Grey Base Hospital • Member of CCS • Co Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Barbara Holland	• Co-Convenor - Federation of Women's Health Councils Aotearoa (Consumer advocacy interests) • Member - Public Health Association of New Zealand • Member - Well Women's Centre • Member - National Screening Advisory Committee • Alcohol Action New Zealand
Cheryl Brunton	• Medical Officer of Health for West Coast - employed by Community and Public Health - Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Member - Public Health Association of New Zealand • Member - Association of Salaried Medical Specialists • Member - West Coast Primary Health Organisation Clinical Governance Committee • Member – National Influenza Strategy Group • Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation
John Ayling	• Chair of West Coast Primary Health Organisation • Chair of Access Home Health, a subsidiary of Rural Women New Zealand which has a contract with the West Coast District Health Board • Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector). • To be announced
John Vaile (Board Member)	• Director, Vaile Hardware Limited
Lynnette Beirne	• President West Coast Stroke Group Incorporated • Member South Island Regional Stroke Foundation Committee • Partner in Chez Beirne (provider of catering and home stay services for the West Coast District Health Board and West Coast Primary Health

Member	Disclosure of Interest
	Organisation) • Contract for the Café and Catering at Tai Pountini
Marie Mahuika-Forsyth	• Seconded to Community and Public Health • Promoter for Healthy Eating Healthy Action (20 hours per week) • Executive Member of Makaawhio • Member of Tatau Pounamu • Part-time employee of Supporting families – Non Government Organisation
Mary Molloy (Board Member)	• Director - Molloy Farms South Westland Ltd • Trustee - L.B. & M.E Molloy Family Trust • Trustee - West Coast Community Trust • Spokes woman - Farmers Against Ten Eighty • Executive member - Wildlands Biodiversity Management Group Incorporated • Deputy Chair of West Coast Community Trust
Patricia Nolan	• Member - Brain Injury Association • Member - Hokitika CCS Disability Action
Robyn Moore	• Family member is the Clinical Nurse Manager of Accident and Emergency

DRAFT MINUTES OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 17 NOVEMBER 2011 IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH, COMMENCING AT 9.00 AM

PRESENT	Elinor Stratford, Chair Kevin Brown, Deputy Chair Peter Ballantyne, (ex officio) Dr Cheryl Brunton John Ayling Lynette Beirne Marie Mahuika-Forsyth Mary Molloy Patricia Nolan Robyn Moore
IN ATTENDANCE	Wayne Turp, General Manager Planning and Funding Gary Coghlan, General Manager Maori Health Dr Carol Atmore, Chief Medical Advisor Karyn Kelly, Director Nursing and Midwifery Yolandé Oelofse (minute secretary)
APOLOGIES	Dr Paul McCormack, Board's Chair (ex officio) Barbara Holland John Vaile

1. APOLOGIES, WELCOME & KARAKIA

The Chair welcomed everyone to the Community and Public Health Advisory Committee (CPHAC) and Disability Support Advisory Committee (DSAC) combined meeting and asked a Committee member to lead the Committee in the Karakia.

Apologies were received on behalf of Barbara Holland, John Vaile and Dr Paul McCormack.

Moved: Elinor Stratford **Seconded: Peter Ballantyne**

Motion:
"THAT the apologies be noted"

Carried.

2. STANDING ORDERS

The Chair waived standing orders noting reinstatement if required.

3. DISCLOSURES OF INTEREST

No amendments were made.

4. MINUTES OF THE PREVIOUS COMBINED COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 30 SEPTEMBER 2011

Corrections to minutes:

Item 9 Page 6, last paragraph, remove "as a consequence of the quality their drinking it" will now read as: A Committee member raised a concern over reports that people in Arahura have been experiencing ill health and have concern over environ.

Item 9 Page 6, last paragraph. "The Board Chair said that this will be undertaken by the CE" should have read "has been undertaken"

Information papers: to move the Committee Workplan at the front section of the Organisational Leadership Report.

Moved: Marie Mahuika-Forsyth **Seconded: Patricia Nolan**

MOTION:
"THAT the Minutes of the Combined Community and Public Health and Disability Support Advisory Committee meeting held 30 September 2011 with amendments as noted be accepted as a true and accurate record"

Carried.

5. MATTERS ARISING

Home insulation programme: a question was raised as to the timeline for the programme and what criteria were used for selecting the candidates. The General Manager Planning and Funding said that the programme is underway.

Two sets of criteria were used: EECA criteria;
a) Applicants house has to be built before the year 2000
b) The owner or tenant has to occupy the house
c) The owner or tenant has to have a current community service card.

The process involves referrals received via the hospital and community health services and criteria includes either being elderly or young and at risk of, or actually experiencing ill health, plus those with chronic conditions that may be exasperated by cold and damp

environments. We have received approximately 60 referrals and 40 has met the criteria and been forward to the insulation company. The duration of programme will run over a 18 month period. Pre and post assessments will be carried out with successful applicants.

Work on establishing a Community Health Trust to provide community wrap around support for new health care professionals, led by Mayor Tony Kokshoorn, have not progressed since Pike River.

Action: Carol to report back to next meeting on progress.

Action: Item 1 - Paper on the West Coast and the National position with disability services to be place on the agenda for next meeting

Item 2 Advanced directives within the hospital setting are part of the process of caring for people within their hospital stay. Within the primary care setting, we are investigating using a UK based 'Gold standard framework' for palliative care on the Coast , part of which is to give people the opportunity to put in place an Advanced Directive which follows them, through the health system. A necessary part of such a programme would be to involve the community in discussions around this.

Item 3 Child and Adolescent Youth Plan will be covered in the Child and Youth workshop directly after this meeting.

6. CORRESPONDENCE

None received.

7. CHAIRS REPORT

The Chair's report has been taken as read.

Moved: Lynette Beirne **Seconded: Mary Molloy**

Motion:
"THAT the Committee receives the Chairs report"

Carried.

8. ORGANISATIONAL LEADERSHIP REPORT

The General Manager Planning and Funding report was received. The following points were raised:

Clinical leadership:
Nursing: A question was raised to the 11 NETP positions that were allocated, but only 6 would be recruited. Would we loose the 5 positions? No, we won't be disadvantage for not using the full allocated positions. This would simply roll over. We will continue in close

partnership with CDHB and Health Workforce New Zealand with the focus in the future being a regional approach to workforce development**.**

PHO open day:
The Chair thanked the PHO Chair for the opportunity to participate in the PHO open day on Saturday 5th November. The day was a great success.

The PHO Chair commented on the ongoing issues regarding the access to non urgent routine appointments and asked if the project is underway. The Chief Medical Advisor said that there is an improvement to access on the coast, and that the numbers are been tracked, there are good volumes of referrals received with positive feedback about the service.

Recruitment and retention of staff: As an organisation, the process could be improved around recruiting and retention of staff. We need to be better employers of Primary Care staff. Issues such as workplace, support, social, education and technology are all contribution factors to poor retention of staff. The General Manager Maori Health said that a recruitment and retention group for the Māori Health from an Excelr 8 project has commenced with positive outcomes.

A question was asked as to how can new staff get involved in the community more effectively? Various organisations and social clubs are available but maybe not connecting properly. More discussion on this would be useful at a future stage.

Planning and Funding:
Page 5 HEHA School and ECE Grants, are the outcomes of these projects monitored? The new portfolio manager for HEHA has a clear set of criteria process for selection and allocation of grants. The grants are approved on the basis of getting regular progress reports and or a report on the result of each initiative.

Finance:
For information only:

BSMC progress report:
The General Manager Planning and Funding said that the ALT is in process of reviewing the workplan and setting priorities for next phase of work on Better Sooner More Convenient during 2012. The Board has received and approved the Business Case of the Integrated Family Health Centre. One of the key priorities is to establish a steering group for that project. The next key component to start is development of the Greymouth IFHS (Health and Hospital system). A health exposition is planned for the 1st and 2nd December to involve the local community in this process.

The Chief Medical Officer mentioned that a two day staff workshop will be taking place on the 8 and 9 December focusing on redesign of primary, community and hospital services in the Grey region into an integrated system, including linkages with Christchurch. In the first half of 2012 more detailed work will develop the Grey Integrated model of care and inform the facility redesign of Grey Campus.

Moved: Peter Ballantyne **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the Organisational Leadership report"

Carried

9. GENERAL BUSINESS

Need for a patient advocate: Concerns were raised about the adequacy of support for patients and families in remote rural areas and how to ensure that patients had the necessary support and guidance when receiving medical acre. A discussion took place around the PHO navigators filling those roles and that the patient advocacy function also falls within the professional responsibilities of nurses. Each case would probably need to be addressed separately due to the different circumstances and complexity of patient needs. It was agreed that further discussion on this topic would be useful.

Action: Need for Patient advocate discussion to be brought back to this meeting.

A committee member alerted the Committee to her concerns around patient and staff safety issues in some rural areas. Rural nurses have to cover large areas, have extensive travelling times and have to cover a varied and complex rage of health care needs (such as palliative care, cancer care and tending to emergency cases). Concern was also raised regarding patients not being seen within a reasonable time period. Finally there was the issue of staff turnover. It was acknowledged that these circumstances probably apply to other rural areas as well. The Chief Medical Advisor said that processes are currently been reviewed and WCDHB will need to specifically look into the examples raised. Due to the nature of the younger workforce, the nurses tend not stay for longer than two years in these positions. The rosters are adjusted to suit staff preferences. If any incidents occur these should be raised immediately and work through an incident process system.

10. INFORMATION PAPERS

The draft dates for 2012 will go to Board for approval.

A question was raised to Tatau Pounamu Committee meeting dates, will this be aligned to the other Advisory Committees? The draft schedule for 2012 is yet to be confirmed.

11. OTHER BUSINESS

Items to refer to the Board:

1. Summary of patient advocate types available to public,
2. A concern raised regarding to patient response and safety time.
3. Noting BSMC, review priorities as Business Case was written two years ago.

Meeting closed at 10:35am

11.1 NEXT MEETING

The next meeting will be held on Thursday, 12 April at 9am in the Boardroom, Corporate Office, West Coast District Health Board, Greymouth.

MATTERS ARISING FROM THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 17 NOVEMBER 2011 IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH, COMMENCING AT 9.00 AM

Item No.	CPHAC and DSAC Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
1	14 April 2011	Tor Wainwright as the portfolio manager for disabilities will prepare a briefing paper on the West Coast's and the national position with disability services	Tor Wainwright		General Business 7.1
2	14 July 2011	Quality and Risk Report: How do practitioners know that advance directives are in place, to seek further clarity. Early Development of making advance directives is currently been addressed. Item to be referred to the Clinical Governance Committee	Chief Medical Advisor		General Business 7.5 item vi
3	30 September	Child and Adolescent Youth plan together with Older Health Care plan Action: The General Manager Planning and Funding to make the necessary arrangements for this workshop.	General Manager Planning and Funding		Matters Arising
4	30 September	Home Insulation Programme: To look at ways of monitoring and evaluating the implementation and outcomes achieved by this initiative.	General Manager Planning and Funding		Item 8

Report received and recommendation to be considered at the next meeting.

COMMITTEE CHAIRS REPORT

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Elinor Stratford, Chair**

DATE: **23 February 2012**

MATTERS REFERRED TO BOARD FROM CPHAC/DSAC

Nil

ITEMS OF INTEREST FROM THE BOARD MEETING

Kevin Brown, Deputy Chair of Community and Public Health Advisory and Disability Support Advisory Committees will be speaking to this item.

Author: **Elinor Stratford, Chair, February 2012**

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE CORRESPONDENCE FEBRUARY 2012

OUTWARD AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
9 November 2011	Nelson Marlborough	Elinor Stratford MNZM CPHAC/DSAC Chair	Sign language interpreters		
10 February 2012	Office of Hon Tony Ryall	Peter Ballantyne Acting Chair WCDHB	Annual Report Requirements Schedule of Board and Committee Meeting Attendance		
	Office of Hon Tony Ryall	Peter Ballantyne Acting Chair WCDHB	Letter of Expectation for District Health Boards and their subsidiary entities for the 2012/2013 year		
	Office of Hon Tony Ryall	Peter Ballantyne Acting Chair WCDHB	Expectation around improved access to services 2012/2013 and beyond		

Nelson Marlborough District Health Board

TE WAI ORA

Community Based Services Directorate

Private Bag 18
Nelson
Tel 03 546 1397
Fax 03 539 3944

9 November 2011

Elinor Stratford MNZM
CPHAC/DSAC Chair
West Coast DHB
Corporate Office
High St
GREYMOUTH 7840

Dear Elinor

Re: Sign language interpreters

Thank you for your letter of 26th August 2011 to Gerald Hope regarding the limited availability of sign language interpreters across our districts.

We have investigated the range of options available to us in the Nelson Marlborough district and are fortunate to have two 'communicators' (unqualified but competent interpreters) in the area who are able to interpret for deaf people on a one-to one basis or in small group settings. As with West Coast DHB, if we require qualified interpreters for bigger meetings they travel from either Wellington or Christchurch.

We have also been in discussion with iSign about the use of video technology to access remote interpreting services. They are currently trialling Video Relay Interpreting (VRI) which utilises a small screen, similar in size to an I-pad, for one-to-one or one-to-two situations, such as a patient consults or small meetings. They are also interested in trialling video conferencing for larger meetings, such as DiSAC or Board meetings, and are very interested in running a trial with Nelson Marlborough DHB to test the technology in a meeting situation. We are hopeful that this may allow the deaf community to better participate in District Health Board business.

I am happy to keep you informed of progress we make in utilising iSign to improve access for our deaf community.

Yours sincerely

Peter Burton
Service Director
Community Based Services Directorate
Peter.burton@nmhs.govt.nz

Office of Hon Tony Ryall

Minister of Health
Minister for State Owned Enterprises

10 FEB 2012

Mr Peter Ballantyne
Acting Chair
West Coast District Health Board
PO Box 387
GREYMOUTH 7840

Dear Peter

Annual Report Requirements – Schedule of Board and Committee Meeting Attendance

In the interest of transparency and keeping the public informed, I ask that all District Health Boards (DHBs) include a schedule of board and committee meeting attendance in their annual reports. I am aware that some DHBs already report on meeting attendance. All schedules are to include attendance of both elected and appointed board members, as well as members appointed by the board to committees. The schedule is also to include the total number of meetings members were required to attend against their performance. This requirement will be added to the Operational Policy Framework.

My expectations around board and committee meeting attendance were clearly outlined in my letter of appointment to each board member. Members are to demonstrate their commitment to the board by attending all board meetings and all meetings of board committees to which they belong, in the absence of exceptional circumstances. In your role as Chair, you are expected to take an active role in addressing any attendance issues with members of your DHB board.

Should you have any queries concerning this requirement, please contact the Ministry of Health's Manager of Governance & Crown Entities, David Pannett, at david_pannett@moh.govt.nz

Yours sincerely

Hon Tony Ryall
Minister of Health

cc Mr David Meates, CEO West Coast District Health Board

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand. Telephone 64 4 817 6804 Facsimile 64 4 817 6504

Office of Hon Tony Ryall

Minister of Health
Minister for State Owned Enterprises

To: Board
cc: EMT.

3 FEB 2012

Mr Peter Ballantyne
Acting Chair
West Coast DHB
PO Box 387
GREYMOUTH 7840

Dear Peter

Expectations around improved access to services 2012/2013 and beyond

The Government has made commitments to New Zealanders to deliver even faster access to elective surgery, diagnostic tests, chemotherapy treatment and youth drug and alcohol services.

I would like to thank you, and your colleague DHBs, for your achievements so far in delivering 60,000 additional elective surgeries since 2008, and for ensuring all cancer patients ready for radiation treatment are receiving it within the world gold standard of four weeks.

Now, it is time to set some new goals. There are outlined in the Government's manifesto. Some significant changes will be needed to meet these commitments and your Board will need to work closely with clinicians, primary care and the Ministry of Health to put them in place.

Faster access to elective surgery

DHBs will need to continue delivering, on average, at least 4,000 extra operations each year, as outlined in the *Improved Access to Elective Surgery Health Target.*

We have already advised you of our expectation that no patient should wait longer than 6 months to receive a First Specialist Appointment, or elective surgery, by 1 July 2012.

The Ministry of Health is working closely with you to reduce the waiting list over six months to zero, and I encourage you to share best practice with your colleagues, or seek ideas on how to improve service, depending on your own individual progress.

Productivity and efficiency gains may need to be made to meet these targets, as well as changes to processes and systems currently in place.

This expectation will shift to a maximum of five months in 2013, and a maximum of four months by the end of 2014.

I want to reiterate to you that in meeting this requirement access for patients will not be reduced for example, by lifting thresholds or removing patients from waiting lists.

Improved access to diagnostic tests

Patients can face long waits to get the tests they need before treatment can begin. Some can wait up to 6 months before they see a specialist, and then wait many more months for a CT scan or MRI.

This ultimately means a delay in diagnosis and treatment, and can affect health outcomes.

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand. Telephone 64 4 817 6804 Facsimile 64 4 817 6504

There is currently no national reporting or monitoring of waiting times for diagnostic tests.

The Ministry of Health is working with key clinical groups to set maximum waiting times for Coronary Angiography, Colonoscopy, MRI and CT scans.

Along with establishing maximum wait times the first stage is to collect, measure and monitor how long patients are waiting. Your DHB will need to co-operate with the Ministry in establishing the reporting and monitoring system.

Delivering shorter waiting times for diagnostic tests is an important to ensuring patients are treated faster, and DHBs provide the right services at the right time.

Some District Health Boards have made significant progress in reducing waiting times by increasing the ability of GPs to refer patients directly for these tests.

Not only does a direct referral from a GP mean a patient can be diagnosed faster, it also delivers efficiency and productivity gains to hospitals – making smarter use of a specialists' time, allowing them to treat more people, sooner.

Cancer treatment

I wrote to you a few weeks ago outlining changes we have made to the "*Shorter waits for Cancer Treatment*" target. This is an important part of our commitment to deliver faster services to patients.

Building on achievements in radiation therapy, we are adding medical oncology (chemotherapy) to the target from the middle of 2012. This means all patients needing either radiation or chemotherapy treatment, should begin that treatment within the world gold standard of four weeks.

Shorter waits for child and youth drug and alcohol treatment

Many young people and their families are waiting too long to access specialised addiction services.

As part of the Drivers of Crime package, the Government is investing an additional $2 million to provide youth, alcohol or other drug services and associated workforce development and service evaluation.

Our expectation is that 80% of young people are seen by an AOD health professional within 3 weeks. Urgent cases should be seen even faster. This is likely to be the basis of a future national health target.

International evidence has shown the benefits faster treatment makes to young people and their families, and your Board should make this commitment a priority in your mental health and youth services.

I look forward to working with you to deliver these improved services to New Zealanders.

Yours sincerely

Tony Ryall

Hon Tony Ryall
Minister of Health

Office of Hon Tony Ryall

Minister of Health
Minister for State Owned Enterprises

26 JAN 2012

Mr Peter Ballantyne
Acting Chair
West Coast District Health Board
Grey Base Hospital
PO Box 387
GREYMOUTH 7840

Dear Peter

Letter of Expectations for District Health Boards and their subsidiary entities for the 2012/13 year

Delivering **better, sooner, more convenient care** and lifting health outcomes for patients within constrained funding increases is the Government's key expectation for the public health service in the 2012/13 financial year.

Thank you for the contribution you and your staff have made to improving the New Zealand public health service. The Government greatly appreciates the work of District Health Board (DHB) staff in providing more service for patients in these difficult economic times.

While internationally a number of countries are making significant cuts to health spending, the re-elected National-led Government will continue to increase its investment in Health, but within a necessarily tighter financial framework.

The Government is determined to return to surplus in 2014/15. The public health service can contribute by lifting productivity, and keeping to budget. All DHBs should establish specific plans to improve financial performance year-on-year. The supply of equity and debt will continue to be constrained, so Boards will need to prioritise capital more closely and fund from internal resources.

Integrated Care

International evidence shows that integrating primary care with other parts of the health service is vital to better management of long-term conditions, an ageing population and patients in general. This is achieved through better coordinated health and social services and the development of care pathways designed and supported by community and hospital clinicians.

DHBs must focus more strongly on service integration particularly with primary care; ensuring the scope of activity is broadened and the pace significantly stepped up. Areas include integrated family health centres, primary care direct-referral to diagnostics, and clinical pathway development involving community and hospital clinicians.

The Annual Plan Guidance provides clear expectations on the need and scope for change. We expect your Board's Annual Plan will show how integration between community and hospital services will be used to drive delivery and improve performance in three priority areas: unplanned and urgent care, long-term conditions, and wrap around services for older people.

Your DHB will also work with local primary care networks and the Ministry of Health (the Ministry) to provide zero fee after hours GP visits for children under six, as outlined in the Government's election policy. Over the next year the Ministry will be looking at further integration of child and maternity services. Expectations from the Prime Minister's Youth Mental Health Project will also be advised to you.

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Shorter Waiting Times

The Government's election policy included ambitious plans to further shorten waiting times in a number of key areas including surgery, diagnostics and cancer care. Specific expectations in this significant area will be covered in a separate letter shortly.

Health Targets

Some changes to the national health targets have already been advised. Your DHB is expected to include specific plans for achieving these priority targets in your Annual Plan. This will include joint plans with primary care networks in your district for at least the smoking, cardiovascular disease (CVD) and immunisation targets.

Health of Older People

Our population continues to age and pose new challenges. DHBs are expected to engage with primary/community care to develop integrated services for older people that support their continued safe, independent living at home, particularly after a hospital discharge. Your DHB will also work with the Ministry to implement the Government's commitments relating to dedicated stroke units and dementia.

Regional Integration

Greater integration between regional DHBs is important for both financial and clinical reasons. We expect DHBs to make significant progress in implementing their Regional Service Plans, and delivering on regional workforce, IT and capital objectives that have been set. We will be monitoring execution against the various dashboards used by the National Health Board (NHB).

We need to see further improvements in efficiency and containing costs. Boards will need to support and advance the work of Health Benefits Ltd, Health Workforce NZ and the Health Quality and Safety Commission.

Significant productivity gains will need to be made across services and organisations, particularly hospitals. This will include making smarter use of your workforce and increasing integration with primary care and services for older people.

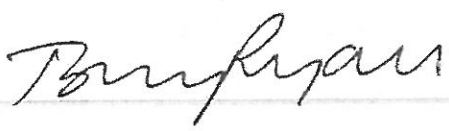
Strong clinical leadership remains pivotal to your on-going success.

All DHBs are expected to work co-operatively with the Ministry on implementing the Government's election commitments.

Finally, as agents of the Crown, you must assure yourselves that you have in place the appropriate clinical and executive leadership needed to deliver the Government's objectives. The performance of Chief Executives must be monitored against these expectations and I will be interested to see how they are reflected in your annual performance agreement with your Chief Executive.

Thank you for your work in the past, and I look forward to working with you to deliver more and better access to services in the future. Please share this letter with your local primary care networks.

Yours sincerely



Tony Ryall
Minister of Health

REPORTS

Organisational Leadership Report

Clinical Leaders Report

Community and Public Health West Coast Report (C&PH)

Better Sooner More Convenient (BSMC) and Alliance Leadership Report (ALT)

Primary Health Organisation Quarterly Report October 2011 to December 2011

ORGANISATIONAL LEADERSHIP REPORT

TO: **Chair and Members of Community and Public Health Advisory Committee and Disability support Advisory Committee**

FROM: **Wayne Turp, General Manager Planning and Funding**

DATE: **23 February 2012**

PLANNING AND FUNDING EXCEPTION REPORT

2012/2013 Annual Plan and Statement of Intent
The development of the 2012/2013 Annual Plan and Statement of Intent (APSOI) is underway. The Minister's letter of expectation for this has now been received (see correspondence). WCDHB's current strategic direction puts us in good position to achieve complies with Government direction though further internal discussion is required to determine how best we can achieve all of the revised targets. The current schedule of Board and Advisory meetings currently is not well matched to the Ministry of Health timetable for production and submission of the draft and final versions of the APSOI. This will be discussed further with the Board at it meeting on 9th March to determine how best to get appropriate input into the plans from all Board and Advisory Committee members.

Community laboratory / referred services
Medlab South has notified its intention to discontinue the provision of services for community referred laboratory testing with effect from the 1st April 2012. WCDHB Hospital Laboratory has confirmed that it has the capability and capacity to provide testing services for both hospital and community refereed services in future. A process of engagement with primary health and other community based referrers is underway to determine how best to ensure service continuity of service beyond April 2012.

Better Sooner More Convenient
Good progress is being made in each of the three key workstreams of the Better Sooner More Convenient plan for the district (Health of Older Persons, Buller IFHC and Greymouth Integrated Regional Health Service). More detail on this is included in both the PHO quarterly report and the West Coast Primary Healthcare Alliance Leadership Team papers attached.

Healthy Eating Healthy Action
There is uncertainty over the Government's intention on the funding of Healthy Eating Healthy Action beyond the 2011/2012 financial year. HEHA activity on the West Coast has achieved some significant successes in contributing towards improved health outcomes for people leaving within the district. It is also deeply embedded and aligned with integrated health care and improved clinical outcomes through Better Sooner More Convenient service delivery. Confirmation on future direction for HEHA is being sought from the Ministry of Health.

FINANCIAL REPORT JANUARY 2012

Financial Overview for the period ending 31 January 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,117	6,358	(241)	√	44,129	43,697	432	√
Governance & Administration	208	212	(4)	√	1,496	1,485	11	√
Funds & Internal Eliminations	4,370	4,392	(22)	√	30,904	31,153	(249)	×
	10,695	10,962	(267)	√	76,529	76,335	194	√
EXPENSES								
Provider								
Personnel	4,482	4,492	10	√	30,436	30,751	315	√
Outsourced Services	864	831	(33)	×	7,972	6,484	(1,488)	×
Clinical Supplies	540	599	59	√	4,627	4,202	(425)	×
Infrastructure	870	903	33	√	6,592	6,433	(159)	×
	6,756	6,825	69	√	49,627	47,870	(1,757)	×
Governance & Administration	168	212	44	√	1,347	1,486	139	√
Funds & Internal Eliminations	3,533	3,708	175	√	25,478	26,375	897	√
Total Operating Expenditure	10,457	10,745	288	√	76,452	75,731	(721)	×
Deficit before Interest, Depn & Cap Charge	(238)	(217)	21	√	(77)	(604)	(527)	×
Interest, Depreciation & Capital Charge	550	551	1	√	3,551	3,856	305	√
Net deficit	**312**	**333**	**21**	√	**3,474**	**3,252**	**(222)**	×

ORIGIN OF REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Provider Arm of the West Coast District Health Board.

CONSOLIDATED RESULTS

The consolidated result for the month of January 2012 is deficit of $312k, which is $21k better than budget ($333k deficit).

RESULTS FOR EACH ARM

Year to Date to January 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(9,049)	(8,029)	(1,020)	Unfavourable
Funder Arm surplus / (deficit)	5,426	4,778	648	Favourable
Governance Arm surplus / (deficit)	149	(1)	150	Favourable
Consolidated result surplus / (deficit)	**(3,474)**	**(3,252)**	**222**	**Unfavourable**

WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 31 January 2012

Jan-12						Year to Date					2011/12	2010/11	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			Annual Budget	Actual Result	Change (actual 10/11 to budget 11/12)
$000	$000	$000	%			$000	$000	$000	%		$000	$000	%
					Referred Services								
32	43	11	26%	√	Laboratory	245	286	41	14%	√	486	511	5%
591	634	43	7%	√	Pharmaceuticals	4,764	4,871	107	2%	√	8,473	7,705	-10%
623	**677**	**54**	**9%**	√		**5,009**	**5,156**	**147**	**3%**	√	8,959	8,216	-9%
					Secondary Care								
1	20	19	95%	√	Inpatients	26	137	111	81%	√	237	38	-523%
126	150	24	16%	√	Travel & Accommodation	715	811	96	12%	√	1,391	1,189	-17%
1,285	1,285	0	0%	√	IDF Payments Personal Health	8,968	8,992	24	0%	√	15,414	15,606	1%
1,412	**1,455**	**43**	**3%**	√		**9,709**	**9,940**	**231**	**2%**	√	17,042	16,833	-1%
					Primary Care								
16	5	-11	-214%	×	Dental-school and adolescent	220	271	51	19%	√	467	399	-17%
0	2	2	100%	√	Maternity	0	15	15	100%	√	26	0	
0	1	1	100%	√	Pregnancy & Parent	0	4	4	100%	√	8	0	
0	3	3	100%	√	Sexual Health	8	20	12	59%	√	33	13	-152%
0	0	0		√	General Medical Subsidy	18	3	-15	-543%	×	5	76	94%
526	523	-3	-1%	×	Primary Practice Capitation	3,777	3,660	-117	-3%	×	6,275	6,135	-2%
7	7	0	0%	√	Primary Health Care Strategy	51	48	-3	-6%	×	83	251	67%
77	77	0	0%	√	Rural Bonus	540	541	1	0%	√	928	970	4%
12	13	1	10%	√	Child and Youth	90	94	4	4%	√	162	162	0%
5	3	-2	-67%	×	Immunisation	38	39	1	3%	√	96	154	38%
14	14	0	4%	√	Maori Service Development	97	95	-3	-3%	×	162	165	2%
18	31	13	42%	√	Whanua Ora Services	126	218	92	42%	√	373	215	-74%
10	13	3	24%	√	Palliative Care	37	92	55	60%	√	157	110	-43%
12	15	3	21%	√	Chronic Disease	77	159	82	51%	√	286	3	-9440%
11	11	0	2%	√	Minor Expenses	77	78	1	2%	√	134	206	35%
708	**718**	**10**	**1%**	√		**5,156**	**5,337**	**181**	**3%**	√	9,195	8,859	-4%
					Mental Health								
0	1	1	100%	√	Eating Disorders	0	7	7	100%	√	12	23	48%
51	50	-1	-2%	×	Community MH	350	351	1	0%	√	601	538	-12%
1	1	0	0%	√	Mental Health Work force	7	5	-2	-43%	×	8	15	44%
47	47	0	0%	√	Day Activity & Rehab	334	332	-2	-1%	×	569	518	-10%
10	10	0	0%	√	Advocacy Consumer	64	71	7	10%	√	122	120	-2%
6	5	-1	-13%	×	Advocacy Family	46	37	-9	-24%	×	64	71	10%
0	5	5	100%	√	Minor Expenses	0	36	36	100%	√	61	0	
102	118	16	13%	√	Community Residential Beds	711	823	112	14%	√	1,411	1,261	-12%
66	66	0	0%	√	IDF Payments Mental Health	462	464	2	0%	√	796	813	2%
283	**303**	**20**	**7%**	√		**1,974**	**2,126**	**152**	**7%**	√	3,644	3,359	-8%
					Public Health								
0	29	29	100%	√	Nutrition & Physical Activity	140	200	60	30%	√	342	328	-4%
0	7	7	100%	√	Public Health Infrastructure	75	48	-27	-55%	×	83	82	-1%
0	0	0		√	Social Environments	0	0	0		√	0	-15	100%
6	6	0	-7%	√	Tobacco control	18	39	21	54%	√	68	58	-17%
6	**42**	**36**	**86%**	√		**233**	**287**	**54**	**19%**	√	493	453	-9%
					Older Persons Health								
5	0	-5		×	Information and Advisory	22	0	-22		×	0	0	
0	0	0		√	Needs Assessment	29	0	-29		×	0	0	
59	53	-6	-10%	×	Home Based Support	326	357	31	9%	√	595	708	16%
15	10	-6	-58%	×	Caregiver Support	79	67	-13	-19%	×	114	130	12%
245	173	-72	-42%	×	Residential Care-Rest Homes	1,664	1,199	-465	-39%	×	2,030	2,344	13%
-4	0	4		√	Residential Care Loans	-33	0	33		√	0	-113	100%
13	10	-3	-27%	×	Residential Care-Community	83	71	-12	-16%	×	122	48	-155%
321	396	75	19%	√	Residential Care-Hospital	2,114	2,734	620	23%	√	4,622	3,949	-17%
0	5	5	100%	√	Ageing in place	12	38	26	68%	√	65	12	-440%
-21	7	28	396%	√	Environmental Support Mobility	22	50	28	56%	√	85	28	-204%
11	6	-5	-77%	×	Day programmes	76	43	-33	-75%	×	74	75	1%
16	12	-4	-33%	×	Respite Care	116	83	-33	-39%	×	143	118	-21%
108	108	0	0%	√	IDF Payments-DSS	756	758	2	0%	√	1,300	1,060	-23%
768	**780**	**12**	**2%**	√		**5,266**	**5,399**	**133**	**2%**	√	9,151	8,359	-9%
3,800	**3,974**	**175**	**4%**	√		**27,347**	**28,245**	**897**	**3%**	√	**48,483**	**46,079**	**-5%**

please note that payments made to WCDHB via Healthpac are excluded from the above figures

WHOLE OF HEALTH SYSTEM

PLANNING AND FUNDING – FINANCIAL

The District Health Board's result for services funded with external providers for the month of January 2012 was $175k (4%) better than budget and year to date payments are $897k (3%) better than budget.

Commentary on year to date variances

Referred Services

- Community pharmaceuticals are $107k less than budget (actual cost to date has not followed the way the budget has been phased).
- Laboratory services are $41k less than budget – these costs include internal payments to the Provider arm for blood costs of an individual patient ($100k to date).

Secondary Care

Secondary Care services are $231k less than budget.

- Travel and accommodation paid under the National Travel Assistance (NTA) scheme being $96k less than budget to date. Claims for NTA are not always received on a timely basis and payments to date may reflect this, with a catch up in future months.

Primary Care

- Whanau Ora service costs are $92k less than budget. Maori health services have been under review and a new contract has been negotiated which will see actual costs for the second half of the year closer to budget.
- Capitation payments are $117k more than budget to date; this largely relates to payments for Careplus, Very Low Cost Access and PHO performance payments – as funding for these is non devolved this cost will be covered by Ministry of Health revenue.

Mental Health

Community residential beds are less than budget, with two beds funded on a discretionary basis and the remainder block funded.

Public Health

Expenditure varies throughout the year depending on when grants are dispersed and contracts begin.

Older Persons Health

Overall expenditure (residential and non residential) is less than budget year to date. These costs are mainly demand driven with prior approval required to access (via Carelink and Home Based Support services). Funding for these services has also been made more flexible with contracts for home and community based care which enable people to remain in the community and delay entry to residential care.

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PLANNING AND FUNDING OVERVIEW

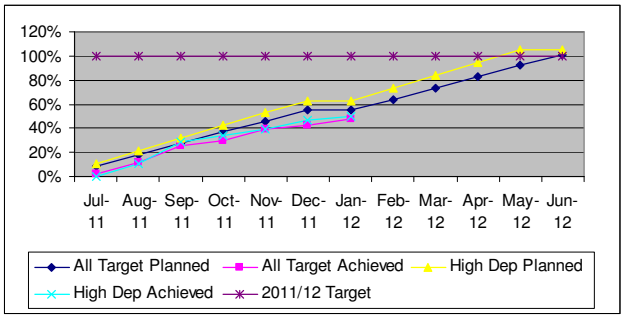
Progress against key target areas for the period ending December 2011-2012

Publication of progress reports against the government's health targets for the period ending December 2011 has been delayed for this quarter.

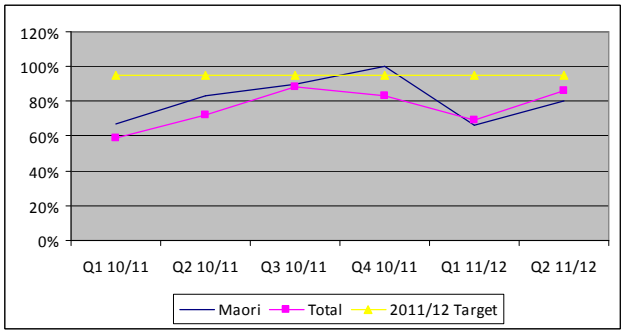
Progress reports against internal targets are as follows:

Prevention Services

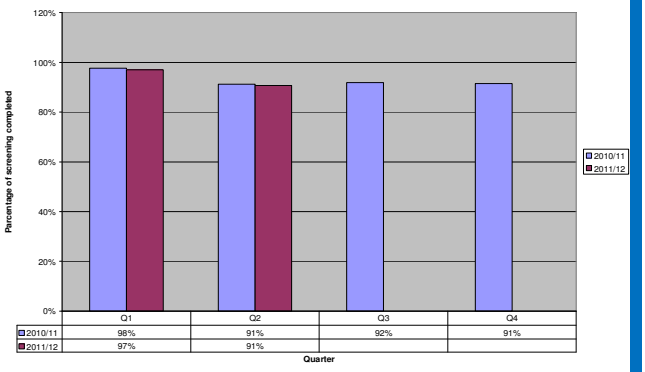
B4 School Check coverage



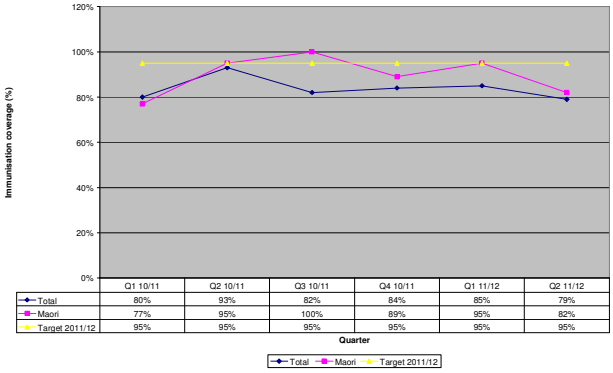
Percentage of hospitalised smokers given advice and help to quit



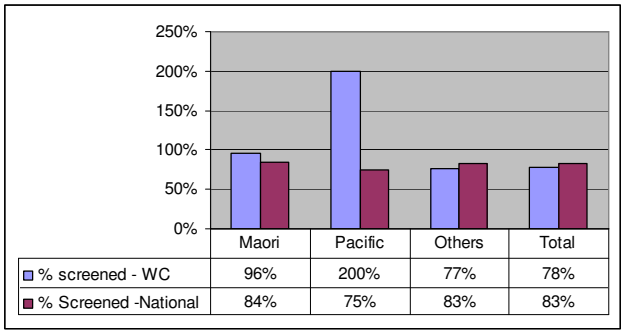
Newborn hearing screening completed



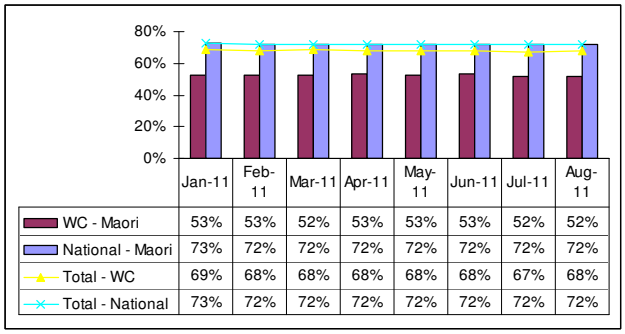
Two Year Olds Fully Immunised



Breast screening



Cervical Screening



ACHIEVEMENTS/ISSUES OF NOTE

B4 School Check: As anticipated (due to seasonal holidays) in the last report that was sent to the WCDHB Board, the percentage of checks completed for all targeted children is 48% and 50% for those in high deprivation – this is less than the percentage of the year gone. Apart from that, there is no reason to indicate at the moment that the program will not reach its target.

Antenatal HIV Screening: The uptake for AHIV seems to be stable and the program now reports six monthly. The complete report for July-December 2011 is not available; however, the AHIV uptake for the 3 months for July-September 2011 is 74% - that is 103 AHIV tests done for 138 antenatal screens.
A personal approach was made by the Program Coordinator to two GPs who had zero uptake rates but it is yet to be seen if this will change the uptake rates.

Immunisation: 79% of children turning 2 during Q2 2011/12 were fully immunised a reduction of 6% on the previous quarter. This is consistent with the fluctuating results seen when West Coast immunisation coverage is considered on a quarterly basis.
High opt off and decline rates continue to impact on achieving a higher immunisation coverage rates with 96% of West Coast 2 year olds who had not been declined from immunisation or opted off the NIR being fully vaccinated during the quarter.

Work on achieving the highest possible immunisation coverage rates continues to be a focus in both primary care and for the Outreach Immunisation Services.

	3 months ending Q2 2011/12				12 months ending Q2 2011/12			
	Fully Immunised	Opt Off	Declined	Un known	Fully Immunised	Opt Off	Declined	Un
#	84	10	10	3	378	31	40	12
%	79%	9.3%	9.3%	2.8%	82%	6.7%	8.7%	2.6%

The total coverage rate for the 12 months ending in Q2 2011/12 was 82%, consistent with the 83% coverage in the 12 months ending in Q1 2011/12. Coverage for tamariki Maori turning 2 years in the 12 month ending in Q2 remained at 87%.

Newborn Hearing Screening: The Newborn Hearing Screening program continues to perform well. The screening for newborn in the first quarter of 2011/12 is similar to that of 2010/11 quarter 1 &2 and steadily above the 90% target. In the last quarter (Q2, 2011/12), 91% of newborns were screened for hearing loss; that is, 68 babies completed and passed the screening including one (1) targeted follow up. There were 2 declines and 3 incomplete checks. The program continues to perform well with regular clinics being held in Westport and Gloriavale Christian Community. Most babies are screened in Greymouth before discharge.

Smokefree Health Target – ABC Implementation:

Secondary

	Q1 10/11	Q2 10/11	Q3 10/11	Q4 10/11	Q1 11/12	Q2 11/12
Maori	67%	83%	90%	100%	66%	80%
Total	59%	72%	88%	83%	69%	86%
2011/12 Target	95%	95%	95%	95%	95%	95%

The percentage of smokers given support to quit increased to 86% for Quarter 2 2011/12 (October 86%, November 88% & December 83%).
The Smokefree Service Development Manager and Smokefree Services coordinator identified three focus areas that need to be addressed to ensure that a sustainable implementation of the ABC initiative is achieved within the WCDHB. The areas are; consistency in leadership and

endorsement from senior staff, improved visibility of the ABC initiative at the ward level and addressing training gaps. Smokefree staffs are holding regular meetings with secondary management staff and an ABC Health Target update was presented at the last Head of Department meeting for 2011. There has been improved visibility in the last quarter including distributions of posters, target updates, communication with senior ward staff and champions and positive messaging in the form of success stories. Regular discussions with the coders have also been beneficial for interpreting reports. Improving and reaching the ABC Health Target in Secondary Care will continue to be a priority for all Smokefree Staff.

Primary
Quarter 1 = 31.1%
Quarter 2 = 40.35

There has been improvement in the primary implementation of the ABC initiative from quarter 1 to quarter 2 and continues to be higher then the national average, however there is still a way to go to achieve the health target of 90%. Activities to support the implementation has been to provide support for practices to capture accurate information 1:1 where necessary, quality reports to each practice and continued electronic alerts on non-coded files. This quarter the focus for Smokefree staff so far has been a round of medical practice visits ('road show'), to raise awareness of the targets, discuss quarter 1 and 2 results, discuss coding and capture feedback from staff regarding the current systems in place for the ABC initiative.

Healthy Eating Healthy Action (HEHA)

Breastfeeding Handbook: In 2011 the B.I.G (Breastfeeding Interest Group) identified the need for a local breastfeeding resource to provide West Coast families with clear, consistent and local information regarding breastfeeding. To eliminate multiple resources the handbook has also been developed to be used from conception through to the end of breastfeeding. All feedback on the final draft from health professionals and West Coast families was received by 31 December 2011 and it is hoped the resource will be finalised for release in early March in conjunction with a Breastfeeding workshop that is taking place at this time.

Edible Gardens Resource: WCDHB is leading the development of an Edible Gardens Guidelines resource. This has been produced as part of the South Island School-Based Edible Garden Evaluation. The aim of the resource is to provide practical tips for developing successful and sustainable edible gardens within education settings. The final draft is being distributed for comment to those involved and will be circulated by South Island DHB's to schools and ECEs in the coming months.

Warm Up West Coast – Home Insulation Project: The Warm Up West Coast project has received 163 applications between November 2011 and January 2012. Of these; 134 have been forwarded onto the local insulation company, 17 applications are continuing to be processed and 12 were declined due to the applicant not having a current Community Services Card. 50 homes have been insulated Coast wide as of Friday 3rd February.
Healthy West Coast continues to prioritise households with children under 2 years, someone over 65 years and those with a housing related health problem such as a respiratory illness.

Breast Screening:

The report is for the 24 months to October 2011 provided by Breast Screen South, the regional service provider for breast screening in the South Island. Maori women aged 45-69 have a higher rate of breast screening uptake compared to eligible Maori nationally and other eligible women on the West Coast.

Cervical Screening:

The cervical screening for all eligible women on the West Coast for the 3-year coverage ending September 2011 is 69% and for Maori - 53%. The national average for both Maori and all eligible women is 72%.
The National Cervical Screening (NSCP) target for 3-year coverage has been changed from 75% to 80%, beginning July 2011. The West Coast DHB has developed a NSCP WCDHB Strategic Plan 2011-12 in line with regional strategies and initiatives to increase the coverage rate of priority women to the required 3 yearly coverage rate of 80%, The Strategic Plan aims to continue collaboration with stakeholders and communities to implement the Regional NSCP Strategic Plan that best meets the unique needs of all eligible women on the West Coast.

HPV:

The on-going cohort for the HPV school-based immunisation programme in 2012 are girls born in 1999 or those in Year 8 with the same HPV target for dose 1 (70%), dose 2 (65%) and dose 3 (60%).

The HPV coverage for the cohorts born in 1998 as of December 2011, shows that the WCDHB only managed to achieve approximately 50% of its target for dose 1, 2 and 3. The WCDHB is not alone when progress towards target for cohorts born in 1998 was discussed with the Ministry of Health (MOH) - there are several other DHBs that are also experiencing low uptake of HPV vaccination and the MOH is aware of the difficulties experienced with HPV uptake.

Two main factors that affect the coverage are the anti-immunisation lobby experienced with HPV and parents' concern with the young age of their daughters. The MOH is considering putting out a national media awareness program to mitigate these factors. In addition, the HPV Coordinator and Public Nurses are continuing to provide awareness at schools.

	Maori -WC	Maori - National	All -WC	All - National
Dose 1 (Target 70%)	37%	64%	34%	52%
Dose 2 (Target 65%)	33%	62%	32%	50%
Dose 3 (Target 60%)	30%	52%	28%	44%

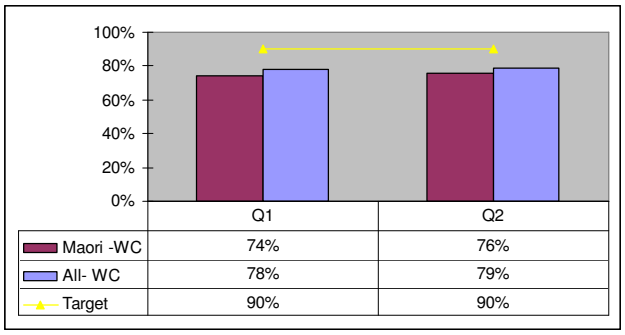
Family Violence Intervention: Routine Screening of women aged 15+ accessing hospital services continues in the identified 'priority' services (mental health, alcohol and other drug, emergency department, child health, maternity and sexual health services). During the period 1 July – 31 December 2011 17% of women accessing hospital services were screened for family violence. This is 33% lower than the DHB target of 50%. Of the 398 women screened for family violence 23 women(5%) screened positive.

	1 January - 30 June 2011	1 July – 31 Dec 2011
Number of women screened	460	398
% of women screened	20%	17%
Number of women screened positive	25	23
% of women screened positive	5%	5%

Chart audits undertaken in 5 services (20 charts per service) found 39% of women were screened for family violence indicating that screening rates maybe higher, but are not being recorded electronically.

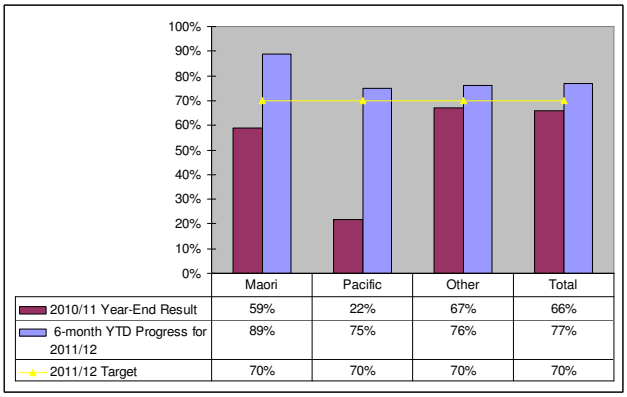
Early Detection and Management

CVD Risk Assessment



	Q1	Q2
Maori -WC	74%	76%
All- WC	78%	79%
Target	90%	90%

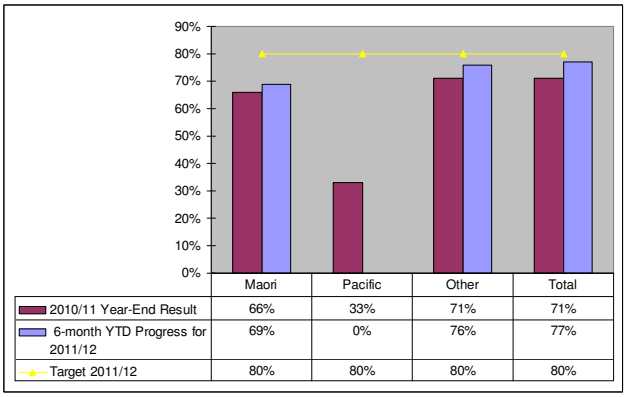
Diabetes Detection



	Maori	Pacific	Other	Total
2010/11 Year-End Result	59%	22%	67%	66%
6-month YTD Progress for 2011/12	89%	75%	76%	77%
2011/12 Target	70%	70%	70%	70%

% of people estimated to have diabetes who have had their free annual check during the current year to date, against YTD target

Diabetes Good Management



	Maori	Pacific	Other	Total
2010/11 Year-End Result	66%	33%	71%	71%
6-month YTD Progress for 2011/12	69%	0%	76%	77%
Target 2011/12	80%	80%	80%	80%

% of people with diabetes who have HBA1c levels at or below 8.0 when assesses at free annual diabetes check.

ACHIEVEMENTS/ISSUES OF NOTE

CVD Risk Assessment:

The DHB achieved 79% in Q2, 2011/12, 1% higher than the last quarter and 6% more than the national average of 74%. The target for this measure is 90%. The Ministry of Health has noted the good actions and plans that have been implemented.

Primary Mental Health Brief Intervention Counselling (BIC) was provided in primary care to 62 new clients in Q2 2011/12, 7 aged 0-19 and 55 aged 20+. Outcome data indicates that significant changes were made to the level of psychological distress and that this was maintained over time. The averages GHQ score (a 30 point score of psychological distress) on entry to the service was 24, with a reduction in the average score post BIC to 5 and an increase to 11, 6 months post intervention.

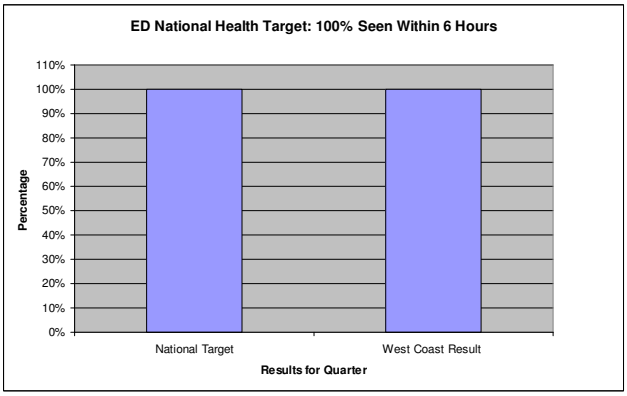
Oral Health The community dental service is continuing to implement a preventative model of care with increasing rates of preschool enrolments seen over the past 6 months, 1371 preschool

children (0-4) are now enrolled in the services, 68% of the estimated eligible population (Statistics NZ 2011population estimate).

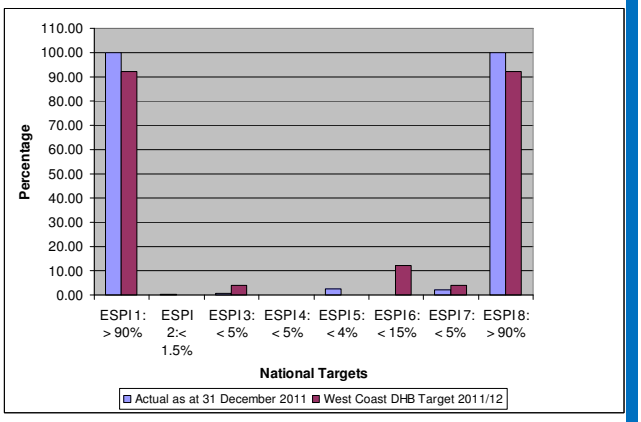
A collaborative approach to the management of children on the dental surgical lists who DNA has been implemented with the central booking unit. This includes the establishment of a new process for referring to the GA waiting list, the recording of the DNA's and ensuring tamariki are re booked and followed up and monitoring the GA's dental waiting lists and following children up as needed. This work commenced as a result of a patient who had 3 previous DNA's for GA treatment, work with his Whanau during the quarter has resulted in attendance his treatment has been completed.

Intensive Assessment and Treatment Services

Emergency Department Waiting Times – YTD Performance to 31 December 2011

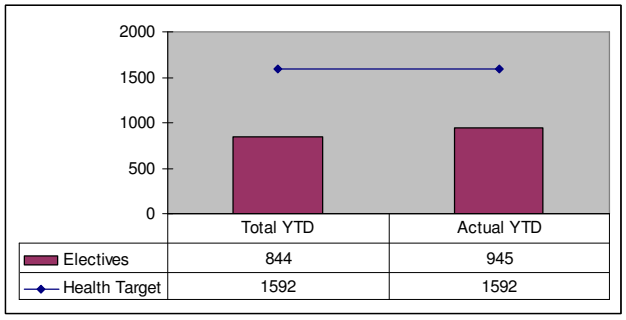


Improving Outcomes for Elective Services: Elective Service Performance Indicators (ESPI)



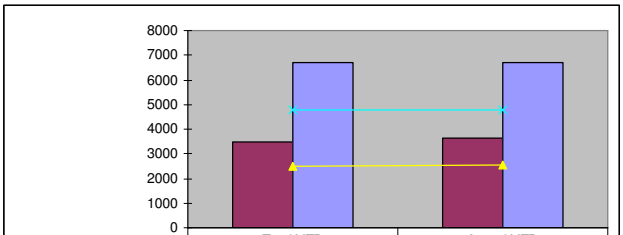
Results as at 31 December 2011

Improving Outcomes for Elective Services: National Health Target - Elective Surgery Service Throughputs to 31 December 2011.



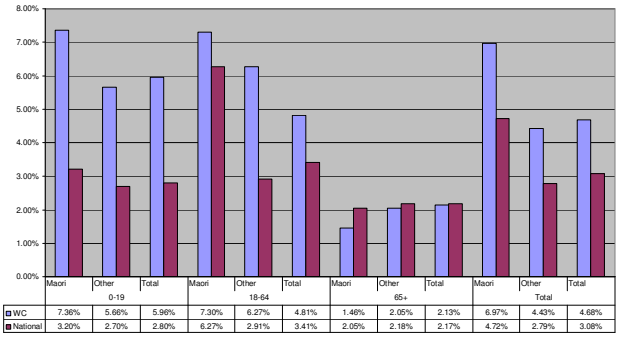
	Total YTD	Actual YTD
Electives	844	945
Health Target	1592	1592

Improving Outcomes for Elective Services: Ambulatory Initiative Throughput (Specialist Outpatients) to 31 December 2011.



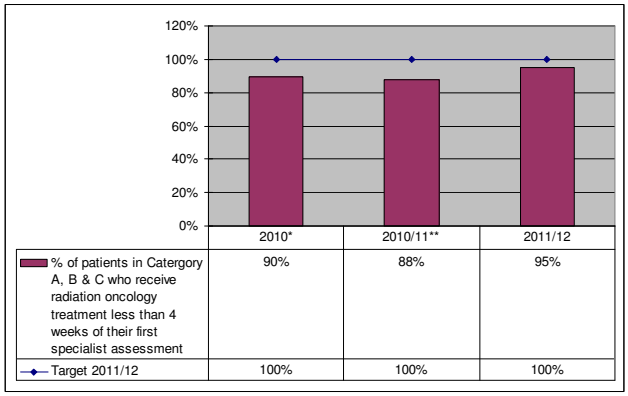
	Total YTD	Actual YTD
First specialist Assessment	3504	3611
Total 11/12 FSAs planned	6703	6703
Surgical FSAs	2505	2563
Total 11/12 Surgical FSAs Planned	4791	4791

Access to Specialist Mental Health Services 1 October 2010 – 30 September 2011



	0-19			18-64			65+			Total		
	Maori	Other	Total	Maori	Other	Total	Maori	Other	Total	Maori	Other	Total
WC	7.36%	5.66%	5.96%	7.30%	6.27%	4.81%	1.46%	2.05%	2.13%	6.97%	4.43%	4.68%
National	3.20%	2.70%	2.80%	6.27%	2.91%	3.41%	2.05%	2.18%	2.17%	4.72%	2.79%	3.08%

Radiation Therapy Treatment Services Waiting Times



	2010*	2010/11**	2011/12
% of patients in Catergory A, B & C who receive radiation oncology treatment less than 4 weeks of their first specialist assessment	90%	88%	95%
Target 2011/12	100%	100%	100%

Note: * 6 weeks target up to 30 November 2010
** 4 weeks target from 1st December 2010

ACHIEVEMENTS/ISSUES OF NOTE

Radiotherpay Waiting Times Data

There have been 2 patients in the current financial year thus far who have exceeded the 4-week waiting time to commence radiotherapy treatment (both in the July-September 2011 quarter). Neither patient was delayed due to capacity constraints, but rather by patient choice and by clinical management considerations. All West Coast domiciled patients treated in the last quarter have commenced treatment with four weeks of referral.

Mental Health Access: Data for the period ending 30 September 2011 (the latest national data available) shows good access to specialist mental health services continues with the data for the12 months ending Q2 2011/12 showing access rates for those aged 0-19 years and 20-64 years are above the DHB target of 4%. Access for older adults (65+) remains slightly lower than the target of 2.5% however small numbers in this make interpretation difficult.

	0-19	20-64	64+	Total
Maori	7.36%	7.3%	1.46%	6.97%
Total	5.96%	4.81%	2.13%	4.68
WC Target	4%	4%	2.5%	4%

With the exception of older adults the West Coast has higher rates of access across all ages than occurs nationally.

Mental Health Collaborative Initiative The Mental Health Collaborative Forum, (comprising specialist , child and adolescent, adult and alcohol and other drug services, residential, education and employment family and consumer advisory services and peer support services and primary mental health and other support services) meeting was held in November2011. The forums focus is on how mental health and support services can work more collaboratively together in the delivery of services.

The outcome of the meeting was an agreement to work collaboratively in a number of areas, with training and development an initial focus. As an immediate outcome from this meeting the DHB Mental Health Service in-house training has been opened up to staff from other providers. A collaborative approach is also being taken to planning for meeting the 'Lets get Real' competency requirements and implementing changes for service users with Co-existing problems . Staff from Te Pou and Matuau Raki have been invited to the West Coast to work with the Collaborative Forum on developing a joint approach and importantly, how we can use them to make a practical

difference.

Elective Services: National Health Target - Elective Surgery Service Throughputs to 31 December 2011:

The year to date (YTD) report as of December 2011 shows that there were 945 actual raw surgical discharges, 112% against the planned 844 surgical discharges. These discharges resulted in case weight discharges (CWD) of 1348; which was over-delivery at 119.6% of planned year-to-date volume, and is equivalent to 60% of the total planned CWD delivery for the financial year.

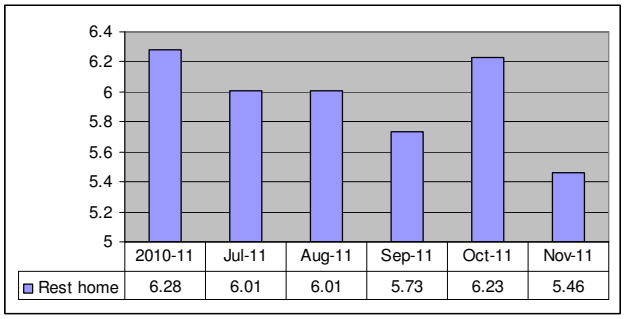
2011/12 Elective Surgery	Raw Discharges	Caseweighted Discharges
Total Planned YTD Volume	844	1127.5
Actual YTD Delivery	945	1348.0
% Delivered Against Plan	112.0%	119.6%

Elective Services: Ambulatory Initiative Throughput (Specialist Outpatients) to 31 December 2011:

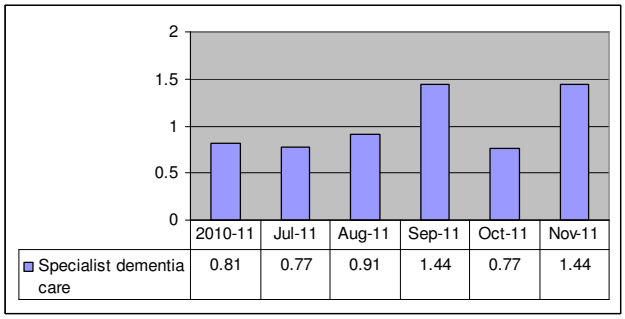
Overall first specialist outpatient assessment services for all specialties have been delivered at 103.1% of planned services for the 6-month period to 31 December 2011; and stand at 54% of the 2011/12 total planned. Total delivery YTD is 3611 attendances.
Similarly, the surgical first specialist outpatients has been delivered at 102.3% of planned YTD volume; which is equivalent to 53% of the 2011/12 total planned surgical FSAs.

Rehabilitation and Support Services Older Persons' Health

Proportion of people aged 75+ in Rest Home level care



Proportion of people aged 75+ in Specialist Dementia care



ACHIEVEMENTS/ISSUES OF NOTE

Specialist Health of Older People's Services – work on the proposed changes to older persons services is progressing, and a kaizen workshop of clinical staff on 20 February and a small consumer focus group on 21 February will provide feedback on these proposals prior to including them in the 2012-13 Annual Plan.

Restorative homecare model – Carelink is training staff in the package model of care and sector-wide training is about to start on the restorative/rehabilitative model. An external review of home care services and how they fit with the new model of care is planned for completion by mid March.

Community-based Respite care – Presbyterian Support Upper South Island are now providing a community respite service based out of the homes of three of the current HomeShare hosts. This

is an exciting new addition to our services to support older people to stay in their own homes.

Dementia training – a 0.6 FTE dementia training coordinator has been appointed. This person will work closely with the regional dementia team at Princess Margaret Hospital to provide dementia training to staff in rest homes, home support agencies and NGOs (eg HomeShare), to build capability in these services.

Residential facilities – Planning & Funding continue to monitor the quality of care at aged care residential facilities.

RECOMMENDATION

That the Organisational Leadership Report be received.

Author:	**Wayne Turp, General Manager Planning and Funding – 23 February 2012**

CLINICAL LEADERS REPORT

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Carol Atmore, Chief Medical Advisor**
Karyn Kelly, Director of Nursing and Midwifery
Stella Ward, Executive Director of Allied Health (WCDHB and CDHB)

DATE: **23 February 2012**

ACHIEVING EFFECTIVE CLINICAL LEADERSHIP

With the move from a District Strategic Plan to an Annual Plan framework, our previous organisational vision statement has not been included. Participants in recent Xcelr8 courses have noted that the organisation doesn't have a clear vision statement that people know and own. As part of the annual planning process, we would like to work with our executive management colleagues and our staff to develop a clear vision statement that people can embrace, and relate their ongoing work back to.

A two day workshop in December involved 67 senior doctors, nurses, allied health professionals and managers from both sides of the Alps. The focus of the day was improving the collaboration between Canterbury and West Coast Clinicians and Managers with the primary aim of developing the appropriate model of care for Grey region's health services in the future. This work is looking at primary, community and hospital level services as a whole, with support from Canterbury and further work is planned to progress the collaboration and finalise the future model of care in February 2012.

NURSING AND MIDWIFERY:

The 2012 regional education plan for nursing and midwifery is currently being completed with a focus on strengthening clinical skills. Nursing and midwifery teams are actively seeking ongoing education to enable and develop both specialist and generalist skill sets. Regional education will be delivered with a range of face to face, video conference and online modalities.

The Enrolled Nurse (EN) transition to the new scope of practice is nearing completion, with the majority of West Coast EN's transitioning. Two key education components are due to be rolled out, these are direction and delegation and medication management. The West Coast has traditionally had a strong EN presence and the new scope supports the place of the enrolled nurse in our model of care going forward. New areas of practice for the EN are being considered, such as within the District Nursing teams.

The Trans Alpine health service is supporting the development of a Paediatric Nurse Practitioner trainee. Dr John Garrett is providing clinical mentoring to the NP trainee who will be spending time on the West Coast with Dr Garrett under honorary status.

MEDICINE:

Ongoing efforts continue to recruit senior doctors, both into hospital and general practice vacancies, in collaboration with the CDHB Recruitment team.

Focus is continuing on improving the structure and processes of the WCDHB owned primary practices to work to a common vision within a business model that is sustainable.

The Rural Learning Centre facility is receiving a makeover ready for the new academic year. A coordinator for the RLC has been appointed. This role is key to supporting the Academic Director in driving the inter-professional learning goals of the Centre. Four fifth year rural immersion medical students are with us for their academic year in 2012. The new facility will greatly enhance their learning experience with us.
Share for Care', an electronic way of sharing key summary health information from General Practice records to other health providers in the health system went live in December 2011.

ALLIED HEALTH, TECHNICAL & SCIENTIFIC:

Collaboration with Canterbury continues with a number of allied health staff receiving remote clinical supervision from Canterbury clinicians.

Work continues on developing and implementing components of integrated care across the West Coast Health system. The focus is on the transition of care between hospital and community clinicians which is a core component of the Buller model of care and is being co-led by allied health and nursing. Included in the work plan is the revamp of systems and processes to support seamless care coordination as part of a patient's journey.

The role of an 'advanced practitioner' for physiotherapy in orthopaedics has been signed off and the development of a position description and recruitment plan is underway. This will improve the wait times for pre and post surgery review.

A review of patient transport assistance provided by Canterbury and the West Coast is underway and led by social work with the aim of providing more consistency and clarity for patients and families who need to travel to Canterbury for care.

Work continues on the implementation of the medication safety actions from the Health Quality and Safety Commission and includes ongoing roll out of the national medication chart; medicines reconciliation and e-pharmacy.

Work continues on the implementation of the recommendations of the external reviews for Social work and Occupational therapy with recruitment for two clinical manager roles underway; updating of policies and procedures and clinical audit.

Report of Progress against Annual Plan 2011-12
(progress reported in italics)

OBJECTIVE	ACTION	EVIDENCE
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*
Strong clinical governance in the planning and delivery of services across the West Coast DHB	Develop an integrated whole of system clinical governance framework for the West Coast. ▪ *Work continues with the establishment of an 'interim clinical board' with representation from across the health system to agree clinical governance; patient safety and quality systems priorities for 2012. The first meeting was held in December.*	A documented clinical governance framework for the West Coast Health system will be in place by December 2011. Staff survey results indicate improved participation in decision making; clinical leadership and clinical quality initiatives.
Provision of clinical leadership across nursing, allied health and medical staff	Strengthen senior clinical contribution into the West Coast DHB and Advisory committees. ▪ Strengthen clinical inputs into the planning of future services provision across the West Coast Health system ▪ *Work continues with regular participation from all disciplines in the various workstreams underway for future care delivery for the West Coast* ▪ *A facilitated workshop was well attended by clinicians from the WCDHB and CDHB in December*	Regular attendance and reporting from Clinical Leaders group to Board and Advisory Committee meetings. Future health service models of care are developed by the doctors, nurses and allied health professionals who provide the service.
Increased professional development opportunities for clinical staff to increase staff retention	Develop the West Coast as a Rural Learning Centre. ▪ *The official opening of the RLC with a Powhiri and Blessing will be held on February 21st. The Powhiri will also be welcoming new staff to the West Coast. The interdisciplinary learning concept will be led by the RLC and faculty members/support team.* ▪ *The Regional priorities have been agreed for Allied Health, Technical and Scientific professions and have been included in the Regional Training Hub progress report – the leadership of remote and rural services will be led by the WCDHB Rural Learning Centre.* ▪ *The Clinical Leaders met with the Director of the RLC to progress the development of the Centre and proposed activities moving into 2012.* Facilitate increased opportunities for the professional development of clinical staff. ▪ *HWNZ funded Nursing Post Graduate education has been finalised for 2012 with 21 nurses receiving funding for clinical PG papers, semester one is underway.* Work with Human Resources and Primary Care recruitment and retention coordinator to focus on activities that enhance recruitment and retention. ▪ *The 6 new graduate nurses, 4 Midwifery first Year of*	Rural learning centre meets its work plan. Number of professional development workshops/ sessions provided. Increased staff retention. Workforce plan developed that will outline actions to retain and attract clinical staff and report against these – reduced staff turnover and reduced time to recruit into vacancies.

	Practice Midwives, and 2 Nursing Entry to Specialty Practice have now started in their respective practice areas. ▪ *One Rural General Practice Registrar has started their GPEP 1 year at the Rural Academic Practice* ▪ *Another Rural Hospital Medicine and Rural General Practice combined fellowship Registrar is continuing their GPEP 2/registrar training on the West Coast*	

RECOMMENDATION

That the Clinical Leaders Report be received.

Authors:	**Chief Medical Officer,** **Director of Nursing and Midwifery, and** **Executive Director of Allied Health (WCDHB and CDHB) – 9 February 2012**

COMMUNITY AND PUBLIC HEALTH WEST COAST

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Derek Benfield, Community and Public Health West Coast**

DATE: **23 February 2012**

PHU exceptions reporting at six months 1st July – 31st December 2012. Prepared for the Ministry of Health.

Programme: Information

Highlights:

- C&PH West Coast developed and opened a new community resource room, setting it up to be a welcoming and friendly environment for the public to obtain health information. The room is also promoted as a breastfeeding friendly area.
- In response to a region-wide Pertussis outbreak, C&PH developed and disseminated information to schools, ECEs, communities and medical centres across the West Coast.
- All C&PH West Coast staff have been trained to use the Integrated Recovery Guide and the Whanau Ora Tool.

Issues/challenges/risks and actions taken:

- C&PH has experienced some delays in delivering resources across the West Coast due to being unable to access resources from our Christchurch office as usual, and some Ministry resources being out of stock for up to six months due to the updating and reprinting process.

Programme: Policy

Highlights:

- C&PH West Coast staff were invited to lead a Social Impact Assessment (SIA) for the Westland District Council (WDC) to assist their review of their gambling policy (which covers Class 4 gaming machines, or "pokies"). The decision by WDC to include some of the recommendations from the SIA for their Gambling Venue Policy has strengthened the control of gaming machines and TABs in the Westland District.

Programme: Protection

Highlights:

- Our Chlamydia poster has been picked up nationally by various DHBs & other organisations. This poster is part of our 'Good Memories, No Regrets' campaign focussing on safe sex and alcohol use in young people. The 'Good Memories, No Regrets' branding is also being used in seasonal health promotion messages. ALAC have agreed to donate $500 to help fund the Chlamydia labelled water bottles at the Kumara Races again this year after the success of last year's promotion.
- The community wide outbreak of pertussis which started in and around Hokitika in May has continued and now involves the Grey and Buller Districts (324 notifications, 170 confirmed or probable cases between 1 May-25 November). A formal outbreak response structure is in place including the WCDHB and primary care and a targeted adult booster vaccination programme funded by the WCDHB is underway (for parents/adults in households with babies aged < 6 months, front-line healthcare workers and early childhood education workers). Despite a cumulative disease rate of 534/100,000 the rates of disease in the under 1 age group remain much lower than the national rate.

Alcohol

- C&PH successfully raised awareness in the community of liquor licence applications being made locally resulting in a number of submissions being made from the community and health based organisations. One operator decided not to seek an increase in their opening hours as a result and the other application will be heard by the Liquor Licensing Authority when they next sit in Greymouth.
- C&PH has improved cooperation with Police over Hotel compliance checks. We have also helped conduct training of Police staff at the Greymouth Station with the Police Alcohol Harm Reduction Officer. More training sessions are planned to eventually cover all Police staff in the West Coast Area.
- C&PH carried out our first Food compliance operation of licensed premises in Westport. This resulted in one premise receiving a warning letter.

Issues/challenges/risks and actions taken:

1080

- C&PH West Coast continues to receive a high volume of Official Information Act requests and complaints about VTA operations which require investigation. Field audits of several aerial operations have been carried out this winter assisted by HSNO staff from Christchurch. Levels of protest activity around VTA operations continue to be high.

HSNO

- With the retirement of the West Coast-based HSNO officer, the only HSNO warranted officer for the West Coast is the MOH based in Christchurch. While it is intended that the new West Coast-based HPO will undertake HSNO training, the next national HSNO training (full course) is not due to be held until November 2012. The West Coast will need to draw on the services of Christchurch staff when required until the local HPO is warranted.

Drinking Water

- Currently no HPOs on the Coast are qualified as Drinking Water Assessors and this work is covered from Christchurch. A West Coast HPO will begin DWA training in 2012.

Staffing

- It is increasingly difficult to employ Health Protection staff to work on the West Coast. A four month long HPO vacancy was eventually filled by bringing a former C&PH employee back from London. In the interim, this vacancy was mainly covered by staff from Christchurch.

Programme: Communities

Highlights:

Smokefree

- C&PH raised awareness among Councillors and Council staff of the important role that TLAs have in promoting healthy lifestyles through submissions and verbal presentations. This resulted in the following outcomes:
    - Grey District Council cancelled an order for 40 cigarette butt bins following a presentation from the West Coast Tobacco Free Coalition about the links between Keep New Zealand Beautiful and British American Tobacco in the form of tobacco company sponsorship and support of the butt bin programme.
    - Westland and Buller District Councils have both adopted Smokefree Outdoor Areas policies that encourage people to be positive Smokefree role models for children in areas including playgrounds and sports fields. This is a great achievement as C&PH first approached the Councils about three years ago to encourage them to consider such a policy.
    - Grey District Council will be considering the adoption of a Smokefree Outdoor Areas policy at their December meeting.

Issues/challenges/risks and actions taken:

- Due to staff capacity, Smokefree enforcement and Controlled Purchase Operation activity has been minimal. Another designated Smokefree Officer has now been trained.

Physical activity and nutrition

Highlights:

- C&PH trained 8 participants to become Zumba trainers. All participants are very keen to advance this activity beginning with weekly sessions in the Māori community of Arahura.
- C&PH ran a Cooking Skills to Life Skills course with Kaumatua from the Māori community of Arahura.
- C&PH have been supporting delivery of the Cooking Skills to Life Skills in Blackball, a high needs community, and referring people to a community class in Westport.
- C&PH West Coast now has staff capacity to deliver Appetite for Life courses to both Māori and non Māori participants. One course has been delivered within this reporting period.
- C&PH has taken over the ACC Falls prevention Tai Chi contract with classes starting in October.

Issues/challenges/risks and actions taken:

- Due to lack of professional dietician capacity, West Coast health services (WCDHB, WCPHO and C&PH) have been reviewing the nutrition services and programmes available on the West Coast to address obesity and type 2 diabetes. A range of options, including Appetite for Life, have been identified as possible solutions to the existing situation.

Health Promoting Schools:

Highlights:

- C&PH continued stock takes of primary schools as to their progress toward Ministry of Health priorities (Sunsmart, Smokefree, physical activity, nutrition and mental/emotional wellbeing). The stock take process has uncovered a few unmet needs in some schools which are being addressed (e.g. UV Index monitoring board, holder for sunscreen, seedlings for edible garden, exploring options for swim lessons in the school's pool for parents and children over the summer holidays, obtaining research on cyber-bullying).

Glacier Communities

Highlights:

- C&PH developed and delivered 300 information packs to Franz Josef & Fox Glacier townships to promote healthy choices to the high number of seasonal staff in both communities. This project has been extended to include Fox Glacier Township after the success of the previous 3 years in delivering the packs to Franz Josef. We continue to work with the Community Development Officers, Rural Nurse Specialist & Family Planning to develop staff training to raise awareness of alcohol related harm & safe sex. Challenges include engaging local business owners to enable staff to attend**.** Evaluation is ongoing and will lead to further development of this initiative.

Author: Derek Benfield, Community and Public Health West Coast, February 2012

BETTER SOONER MORE CONVENIENT AND ALLIANCE LEADERSHIP REPORT

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Wayne Turp, General Manager Planning and Funding**

DATE: **February 2012**

Better Sooner More Convenient.

Buller Implementation Service Level Alliance

The Buller Implementation Service Level Alliance (BSLA) has been established and a Project Manager (Michael O'Dea) appointed. Draft terms of reference for the BSLA are with the Alliance Leadership Team (ALT) for approval. The BSLA will be meeting weekly during 2012.

There are over 65 individual workstreams within 13 initiative areas which require implementation. The BSLA has identified workstream leaders for each of the priority areas within the initiatives approved by the Board in October 2011. The Project Manager is working with the workstream leaders to develop manageable workplans to implement.

The BSLA have identified the following key areas as immediate deliverables which are foundational for the future success of all workstreams:

1. Detailed clinical pathway development and workshops
2. Appointment of IT project manager for implementation of shared record initiatives
3. Board decision on site option between one site or multisite.

The BSLA has identified the need to ensure transparent open communication and is drafting a communication and reporting plan for approval by the ALT.

The focus of communications is on "how we work together" not "where we work together" to allow the workstreams to develop in advance of a physical redevelopment.

An outline of the timeline for the Implementation Plan delivery in the next quarter is shown below. A detailed reporting format will be used from February 2012.

Month end	Key Implementation Goals
January	• Draft detailed implementation plan for approval by ALT

	• Finalise Communication plan for approval by ALT • Pathway workstreams (7) are initiated • IT Project Manager role finalised and advertised
February	• Pathways workstreams completed • Facility redesign process initiated including capital analysis and detailed design • IT Project Manager Appointed • Launch workshop for staff completed • Feedback pathways for staff active • Project reporting format implemented • Project change methodology is approved and implemented • Local clinical governance group initiated.
March	• Staff workshops on pathways with facility design team • IT Project Manager starts • IT workstream plan finalised and initiated • Alliance based contract for Buller services finalised and approved by ALT • Consultation with staff and unions re facility redesign.

Grey Integrated Family Health Service & Regional Hospital Services Workstream

The work for the Grey Integrated Family Health Service and the Grey Hospital redesign are two separate parts of this work.

A two day kaizen design workshop to help determine the future design of Grey health services was held on the 8 and 9 December with input from doctors, nurses, allied health professionals and managers from the primary health care, community, Grey Hospital and Canterbury DHB hospital staff. There were 67 participants over the two days with significant agreement on the overall model of care for Grey regional health services into the future. A follow-up workshop is taking place on the 3rd February in Christchurch to further develop how we will provide planned and unplanned hospital level services.

Greymouth Workshop Outputs - attached as Appendix One to this Report

A well as ensuring the involvement of clinical leaders in the future design and delivery of services, there is a strong commitment to ensuring community engagement and input into the planning process. To this end a community expo was held at Tai Poutini Polytechnic on 1 and 2 December seeking community participation in the design of our future integrated health service for the Grey region. The displays from this expo are now travelling to a variety of locations with an invitation to provide further feedback and suggestions through the District Health Board web page. Face to face meetings with community groups are also being planned over the next few months.

West Coast District Health Board Integrated Family Health Centre eBook “The Need for Change” is attached as Appendix Two to this Report.

Facilities
Based on the concept design and models of care The Board has presented the Strategic Stage Assessment to the Capital Investment Committee (CIC) as required by the National Health Board and been given approval to progress to the next stage.

To assist with the business case preparation a Request for Proposal has gone out to the market for the supply of services to develop and complete and an indicative and than detailed business case for the development of the Greymouth Regional Health Centre

The West Coast DHB has also submitted the Risk Profile Assessment (RPA) to the State Services Commission (SSC) for the Greymouth Regional Health Centre and has received confirmation of the rating as Medium Risk.

Outline timeline for Grey Regional Hospital/IFHC development work

Month end	Key Implementation Goals
January	• Update of progress at 27 January Board meeting
February/ March	• 3 February - Further workshop with CDHB in Christchurch around how transalpine clinical services are put in place • Meetings of various teams within the health system to identify how the model of care will be work in their respective settings • Meetings with community groups to invite further input and to provide updates on progress • Final draft Model of Care document by end of March
April/May	• Presentation of draft Model of Care to 20 April Board meeting for approval • Implementation plan for service redesign confirmed and begun to be implemented
June	• Facilities design completed • Presentation of draft Business Case to 8 June Board meeting • Submission of full Business Case

Health of Older People Service Level Alliance

The Health of Older People Service Level Alliance (HOPSLA) is a small group of senior clinical staff set up in November to prepare a detailed business case for the changes to Health of Older Peoples (HOP) services that were presented to the Board in November. These changes can be described as the establishment of a HOP Clinical Network that links specialist with generalist staff, from both Canterbury DHB and West Coast DHB as part of a 'trans-alpine alliance'.

Once set up, the HOP Clinical Network will work on

- Setting up a single point of entry and patient-focussed case management of selected complex/frail elderly patients in an interdisciplinary environment.
- Improving/addressing system issues affecting patient care, and setting up clear health pathways for the treatment and care of older people in all care settings.
- Education / upskilling / resource for generalist health professionals.

The HOPSLA is meeting fortnightly and work is actively progressing on the following:

- How the HOP Clinical Network will operate - linking geriatricians, GPs, community nurses and allied health, Carelink, homecare agencies, rest homes and pharmacists through regular case

conferences on complex community cases, and supporting primary and community staff to manage them.

- What are the most effective ways of involving GPs, practice nurses and other primary health staff, with innovative use of telehealth, collaboration with planned Integrated Family Health Centres etc
- What IT support is needed for this model of care – video linkage, telehealth, shared patient record, extended use of MedTech, InterRAI etc, including identifying what information needs to be shared.
- Reviewing nursing services to establish an integrated team of gerontology nurses to case manage complex patients and provide support and advice to general practices, home support agencies, rest homes, district nursing and other services.
- What changes are needed to allied health services to enable them to support a HOP Clinical Network and stronger community AT&R function.
- Ensuring these proposed changes tie in with the moves to a restorative model of home support and more flexible packages of long-term care that is underway as a parallel process.
- Preparing a financial business case to show how these changes will improve the cost-effectiveness and quality of our patient care.

The HOPSLA is planning a kaizen (model of care planning) workshop for 20 February, where 30 or so clinical staff have been invited to work through scenarios of how the proposed changes will work in practice. This will give valuable feedback to guide the business case.

The HOPSLA is also planning a consumer forum in February, to gain active feedback from people likely to use the services.

Ideas and feedback are also being canvassed extensively from a variety of initiatives in other areas, such as a Dannevirke project linking primary care and HOP services, a Waitemata nurse practitioner initiative and Australian telehealth initiatives.

The HOPSLA is on track to complete the business case to go to the Board at its March meeting, in time for inclusion in West Coast DHB's Annual Plan and an implementation start date of 1 July (if not before).

Alliance Leadership Report.

Wayne Turp, General Manager Planning and Funding will provide a verbal update on this report.

Author: **Wayne Turp, General Manager Planning and Funding, February 2012**

PRIMARY HEALTH ORGANISATION QUARTERLY REPORT OCTOBER 2011 TO DECEMBER 2011

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Anthony Cooke, Primary Health Organisation**

DATE: **February 2012**

West Coast
Te Tai o Poutini
Primary Health

Quarterly Report
October to December 2011

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6.3. Health Promotion Integration 35
7. Workforce and rural support 37
8. BSMC Implementation 41

This quarterly report contains information relating to the activities and performance of the PHO during the quarter. It is prepared for the information of the PHO's Board of Trustees and Clinical Governance Committee, the PHO's contracted providers, the Alliance Leadership Team, the District Health Board and the wider community. The report as a whole is not a contractual requirement, though some of the tables are required to be reported to the DHB and other funding bodies quarterly.

1. Executive summary

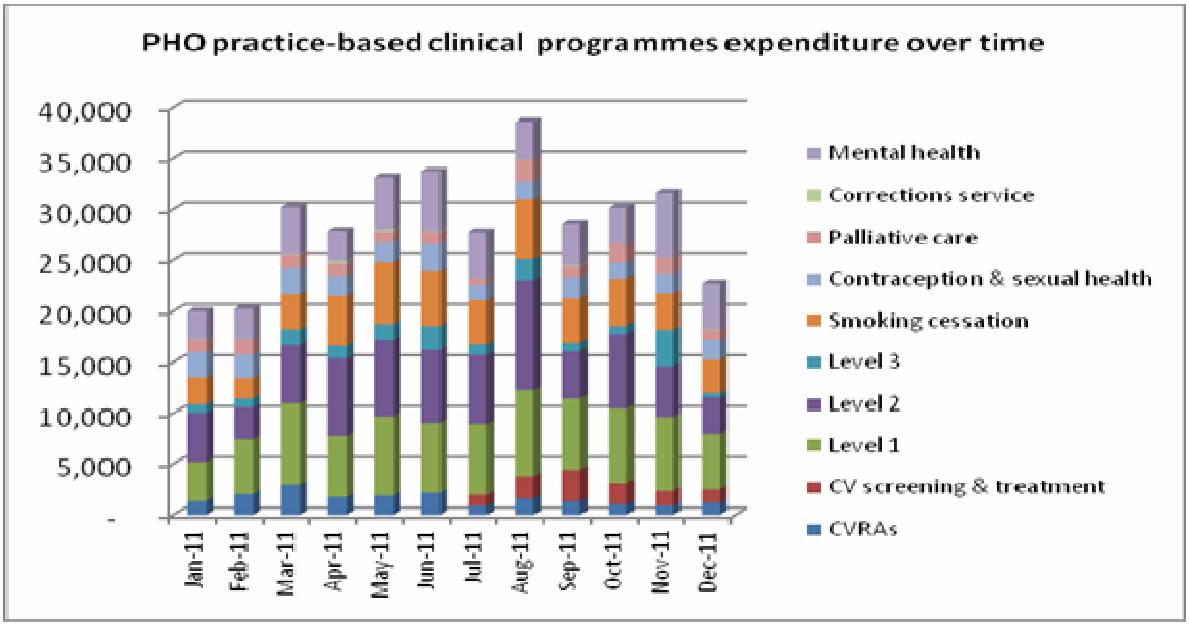
Possible development of new clinical service

Readers of this report will be aware of the PHO's CV risk screening and comprehensive Long Term Conditions (LTC) programmes, together with associated health navigator and green prescription services. We have identified that we lack a service relating to diet/weight-loss. So, at the moment GPs and practice nurses have the option of enrolling patients in the LTC programme, and of referring them for social assistance and/or an exercise programme, but there has not been a specific PHO option for dietetic input.

The PHO team is working with partner organisations on developing options in this area of diet/nutrition/weight loss, and a concept paper is in development.

Clinical Services and Long Term Conditions (LTC)

Expenditure by month on the PHO's practice-based programmes is as follows:


PHO practice-based clinical programmes expenditure over time
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Mental health
Corrections service
Palliative care
Contraception & sexual health
Smoking cessation
Level 3
Level 2
Level 1
CV screening & treatment
CVRAs

Keeping people healthy

Planning for next year's campaigns has led to a consolidation of the plethora of health promotion initiatives and awareness days or weeks, into twelve key points of focus, one for each month of the year. It is expected this will make the jobs of staff easier, will make it simpler for practices and pharmacies having fewer, larger health promotion initiatives on which to focus, and will hopefully provide more 'bang for our buck' in terms of impact on the wider population.

This is being tied together with the PHO 2012 calendar which was delivered to all West Coast homes during late December. The aim was to ensure every household has access to a calendar that contains key health messages for each month that will tie in with the public awareness campaigns running during that month. It is hoped that the calendar will double for households as a memory jogger and practical tool that will assist people with recording and keeping health related appointments.

Staffing

Carmen Fabrik has been appointed to our Mental Health team based in Westport. Carmen is a registered psychologist. She arrived in the country from South Africa mid-December; she formally commences as our Westport based Mental Health team member on 9th January 2012.

Clinical Governance Committee (CGC)

There have been a number of additional CGC meetings, including those relating to CGC's oversight of the implementation of ManageMyHealth on the West Coast. CGC has also considered options for dietician/weight loss services. CGC considered the request to appoint a representative to the Coast-wide clinical governance, but made no appointment at this stage. A CGC member will attend the first meeting.

PHO Celebration Day

The PHO's combined annual public meeting and annual celebration/training day was held on 5th November 2011, with great speakers, good turnout and positive feedback received from participants.

MoH enrolment audit

The MoH's draft audit report on the PHO and its seven practices has been received. It does not make particularly pretty reading, with 11.3% of patients on average across the PHO being enrolled without apparent evidence of enrolment (legitimate enrolment form signed by the patient). However, across the PHO's practices there is considerable divergence in performance. Our best practice achieved an error rate of only 0.3% (no signed enrolment form for only 1 out of 361 patients sampled), and will therefore have no funds clawed back. Conversely, our worst performing practice had more than 1 in 3 patients on its books for whom it could not produce a valid enrolment form (124 missing from 367 sampled = 33.8%). This practice faces a potential

claw-back of $108k. Overall, the potential claw-back under this draft audit is in the order of $161k for all practices plus $24k for the PHO.

The PHO worked with practice during November and December to ensure that missing enrolment forms are found where possible and responses to the MoH draft document are prepared by the 20th December deadline. The audit report will not be finalised by the MoH until the new year.

Financial audit

The unqualified auditor's report on our financial accounts for 2010-11 has been received, and was published in our annual report released 5th November 2011.

Longer term commitments

As at 31st December 2011, the PHO had longer term financial obligations as follows:

Type	Cost
Leases (building & equipment)	$128k
Staff (notice period)	$161k
Vehicle leases	$140k
TOTAL	**$429k**

A prudent level of unencumbered reserves is regarded as being 150% of this figure. This suggests the PHO should be aiming to maintain free reserves of approximately $643k. The PHO has equity as at the end of Dec 2011 of only $374k.

Business Case for "Better, Sooner, More Convenient Primary Care"

The PHO has been largely funding the project office for BSMC implementation throughout calendar 2011. The PHO's equity (its unencumbered funds) has been steadily reducing. Consequently, the PHO board decided at its Dec board meeting that the PHO was no longer in a position to continue to fund the implementation of BSMC. The DHB has been notified accordingly. The implications of this for staff, contractors, and the project as a whole are being examined, in conjunction with the DHB.

PHO Offices

The PHO is now sub-leasing a room inside the Buller Hospital complex in Westport. This room is the base from which the PHO's Mental Health staff operates in Westport.

The PHO's lease on the top floor of the Speight's Ale House building has been renewed for a further 2 years (till September 2013).

The DHB has vacated the offices it was sub-leasing from the PHO in the Speight's Ale House building. This has enabled a revamp of occupancy of the various rooms in the building. Our green prescription gym had out-grown the room it was in, and so has moved to the large corner room (which formerly housed Carelink). The former gym room has therefore become available as an additional bookable clinical consult/meeting/2nd retinal screening room.

There are no current plans to offer space for sub-lease to outside organisations, given the PHO itself is now utilising most of the available space.

IT system back-up

The PHO has operated an on-site, manual back-up system for some years. This has involved a tape back-up being run daily, with a roster of tapes being taken off-site each day by various members of the administration team.

We are in the process of supplementing this with an on-line, off-site back-up. Essentially, our entire server will be backed-up to a server in a purpose built bunker in Auckland. The aim has been to ensure that if a Christchurch earthquake type event occurred, and we were unable to physically access our server in our Greymouth office, staff could be up and running with remote, on-line access to the Auckland server within 24 hours (and quite possibly considerably less). This would of course be subject to electrical power and internet connections being maintained.

Trustee appointment processes and related matters

The process of nomination and appointment of Trustees is up-to-date (through until March 2012).

(NB. The practice nurse nominated trustee position is filled by board secondment of John Boyes, through until 20 March 2012.)

The next three trustees positions to conclude, in March 2012, are those of:

- Maureen Pugh (Westland District Council nominee)
- Richard Wallace (Ngati Makaawhio)
- John Boyes (seconded in place of practice nurse)

Letters have gone to Westland District Council and Ngati Makaawhio, inviting them to nominate candidates to serve as trustees for the 3 years from Mar 2012 to Mar 2015. The process of nominating and electing a practice nurse has also commenced, with practice managers being asked to confirm the make-up of the practice nurse electoral college, as a precursor to calling for nominees.

2. Statement of strategy & priorities

Adopted by the PHO Board of Trustees October 2010.

The purpose of the West Coast PHO is to promote and enable better health for the population on the West Coast and actively work to reduce health inequalities amongst at-risk and disadvantaged groups.

The PHO and the West Coast DHB have recently co-sponsored a joint 'Business Case' aimed at:

1. achieving clinical sustainability;
2. improving integration of community and primary health care;
3. achieve financial viability.

STRATEGIC OBJECTIVES ARE TO

- work with local communities and enrolled populations;
- identify and remove health inequalities;
- offer access to comprehensive services to improve, maintain, and restore people's health;
- fostering greater clinical leadership;
- co-ordinate care across service areas;
- develop the primary care workforce;
- continuously improve quality using good information and evidence;
- operate within the available funding.

WE WILL FOCUS ON THE REDESIGN AND TRANSFORMATION OF THE PRESENT PATIENT CARE PATHWAY

- in partnership with the community;
- by engaging with clinicians in order to improve:
  - access to primary care services;
  - continuity and consistency of primary care;
  - the co-ordination of care between the general practices, hospitals and community providers;
  - the provision of more community care in 'integrated family health centres;
- closing gaps of inequality for Maori.

BY USING KEY MECHANISMS AND ENABLERS SUCH AS

- better engagement with the community, families/whanau and individuals;
- implementing the 'Better, Sooner, More Convenient Primary Care' Business Case;
- adoption of efficient business/service models based on the principles of Alliance Contracting.

3. Financial summary

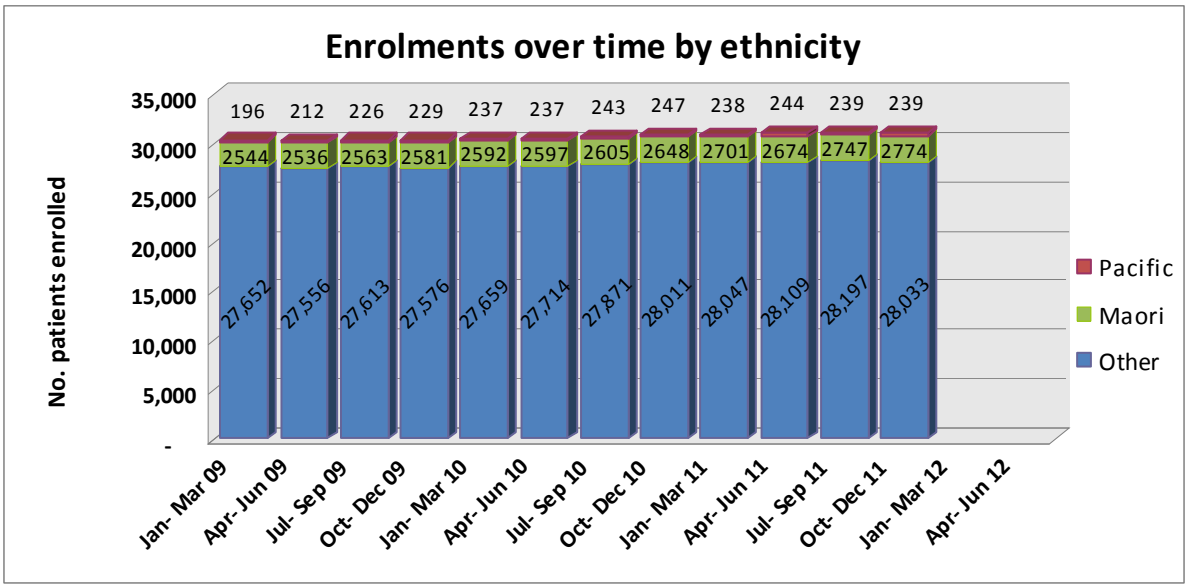
Profit & loss summary Jul-Dec 2011

Profit & Loss
West Coast Primary Health Organisation
For the 6 months ended 31 December 2011

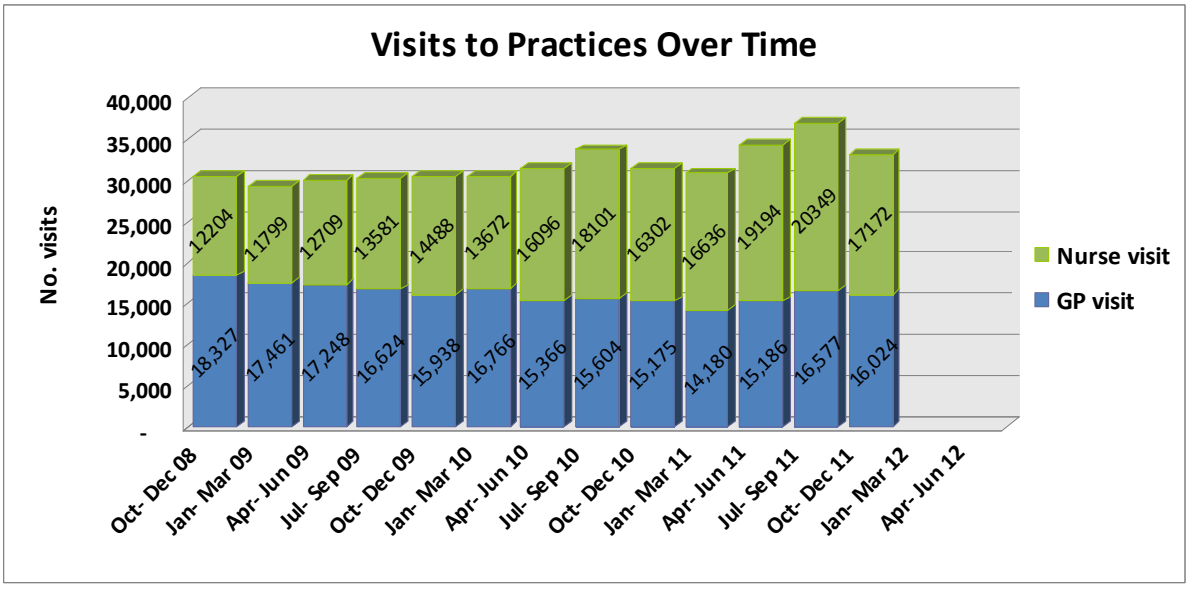
Income	
1. Patient care subsidies	2,533,228
2. Clinical services	348,239
3. Mental health	197,151
4. Keeping people healthy	150,579
5. Workforce & rural support	371,481
6. Administration	322,642
Total Income	**3,923,257**
Less Cost Of Sales	
1. Patient care subsidies	2,533,228
2. Clinical services	176,591
3. Mental health	26,904
4. Keeping people healthy	1,567
5. Workforce & rural support	366,479
Total Cost Of Sales	**3,104,769**
GROSS PROFIT	**818,488**
Other Income	
6. Administration	28,682
Total Other Income	**28,682**
Less Operating Expenses	
Staffing & operations	1,076,748
Total Operating Expenses	**1,076,748**
NET PROFIT	**-229,578**

4. Subsidising core general practice care

4.1. Demographics of the enrolled population



4.2. Service Utilisation (visits to the practices)



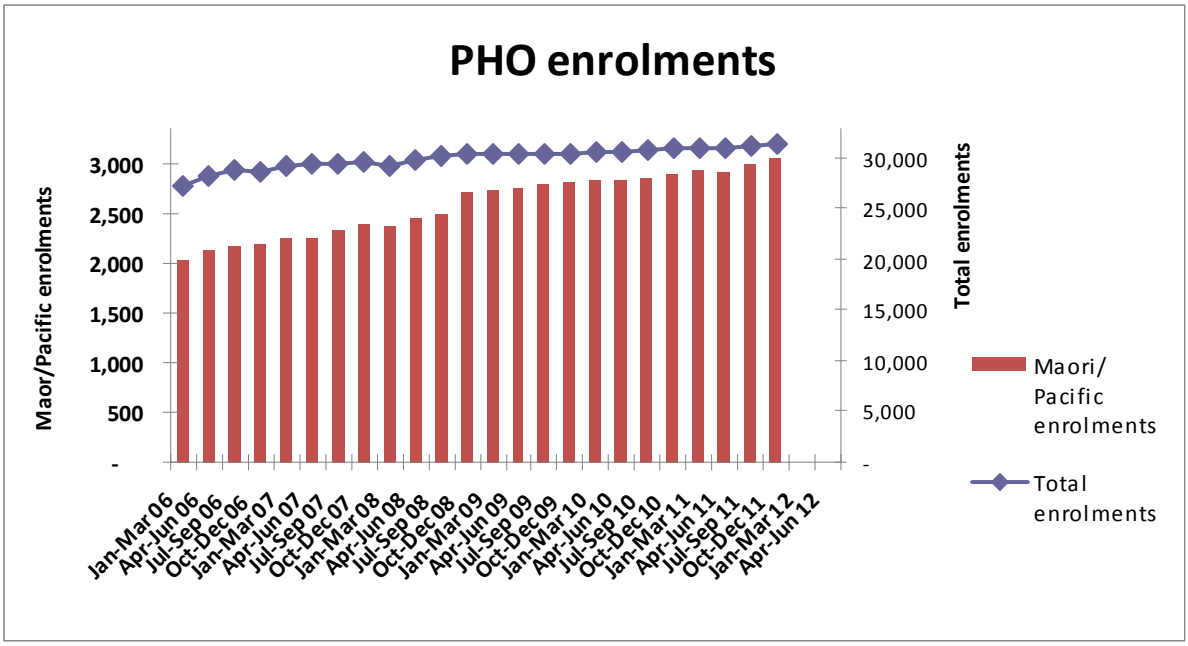
Waiting times to be seen by a medical centre or clinic December 2012

(in working days)

Scenario	Average	Maximum	Minimum
Waiting time to be seen (by a nurse or GP) for child aged 3 yrs with fever and sore ear			
Waiting time to be seen (by a nurse and/or GP) for adult aged 65 yrs who rings up saying he has had difficulty breathing for two days. He has no fever and is not on any current medication.			
Waiting time if rings today for routine appointment with a Dr for three monthly review and prescription (approx. average across doctors)			
Waiting time if rings today for routine appointment with a nurse for three monthly review and prescription			

Data not available for this quarter

4.3. Access by Maori



Enrolments of Maori and Pacific people continue to increase at a faster rate than do rates for all other ethnicities.

4.4. Providers

There are six practices in the PHO:

Buller Medical Services (Westport & Karamea)
Reefton Medical Centre (Reefton)
Greymouth Medical Centre (Greymouth & Rural Academic General Practice)
High St Medical Centre (Greymouth)
Westland Medical Centre (Hokitika)
South Westland Area Practice (South Westland)

4.5. Cost of accessing primary care

All practices have now adjusted their fees to the maximum currently permitted under the Very Low Cost Access scheme.

Patient fees	0 to 5	6 to 17	18 to 24	25 to 44	45 to 64	65+
Buller Medical Services	$0	$11.50	$17.00	$17.00	$17.00	$17.00
Greymouth Medical Centre	$0	$11.50	$17.00	$17.00	$17.00	$17.00
High Street Medical Centre	$0	$11.50	$17.00	$17.00	$17.00	$17.00
Reefton Medical Centre	$0	$11.50	$17.00	$17.00	$17.00	$17.00
South Westland Area Practice	$0	$11.50	$17.00	$17.00	$17.00	$17.00
Westland Medical Centre	$0	$11.50	$17.00	$17.00	$17.00	$17.00

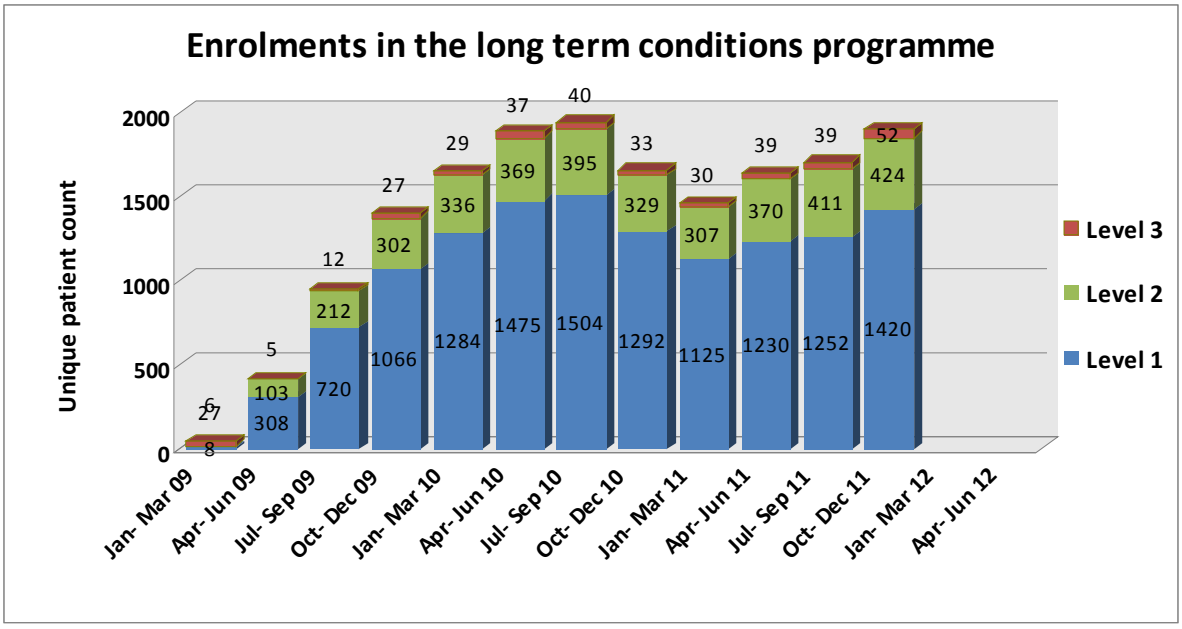
These are the fees patients can expect to be charged at their normal practice during working hours for a normal consultation, if the patient is enrolled with the West Coast PHO. Additional fees may apply to after hours, weekends, long appointments, home visits, procedures and casual patients. The PHO encourages all West Coast residents to enrol with the PHO, registering with one practice and using that practice for all of their health needs. This ensures people will be offered all the health checks they should receive, as well as access to lower fees and other patient advantages. However, if people enrol with one practice and then utilise another they will incur a "casual" rate fee which can vary from practice to practice. Stated co-payments only apply to the practice with which people are registered.

5. Clinical Services

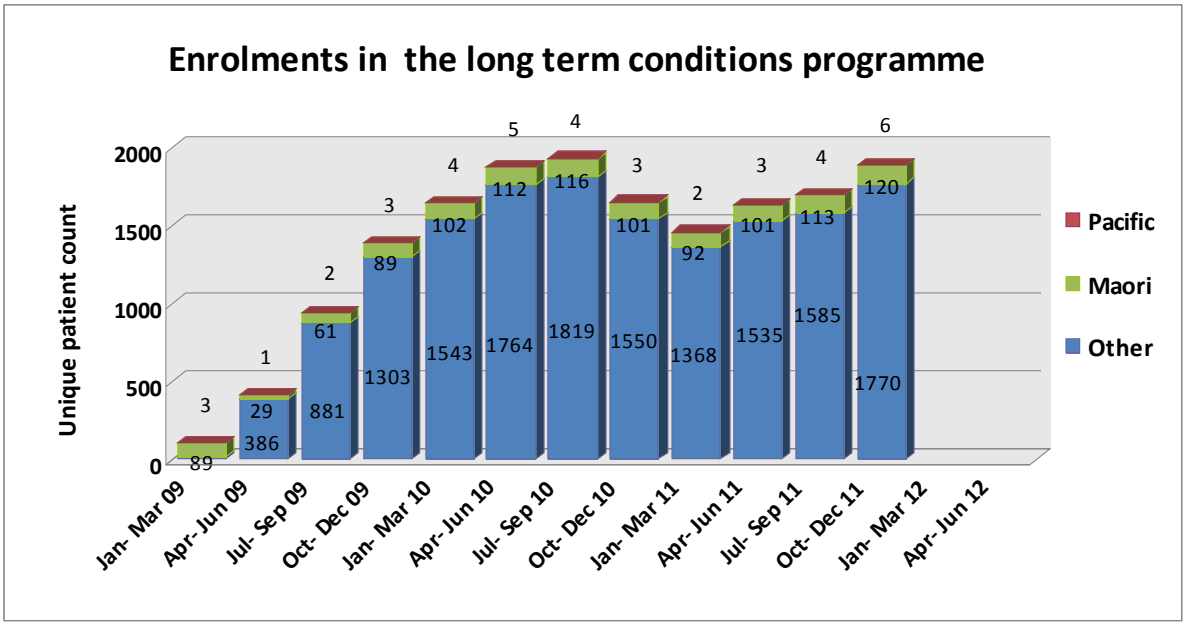
5.1. Long Term Conditions programme

On target: *Yes*

1. Outcomes/Outputs



The 1896 patients who are enrolled in the LTC programme, out of the PHO's approximately 31,000 enrolled patients, means that 6.1% of the enrolled population is engaged in a structured programme of care for their long term condition(s).



Maori enrolments make up 6.7% of all enrolments in the LTC programme to date. For comparison Maori make up 5.1% of the enrolment population aged 45+ years – the prime age group of people in the Long Term Conditions programme.

2. **Key Activities**
   - enrolments this quarter have increased across all levels of care;
   - Health Navigators continue with their support to practice teams with level 2 and 3 patients;
   - quarterly reports to practices regarding enrolments, places available and capped numbers for levels 2 and 3;
   - Clinical Manager visited Franz Josef for the South Westland full team meeting.

3. **Networking/Education** (either with Health Sector or Community)
   - Health Navigators visiting relevant practices to action all referrals.

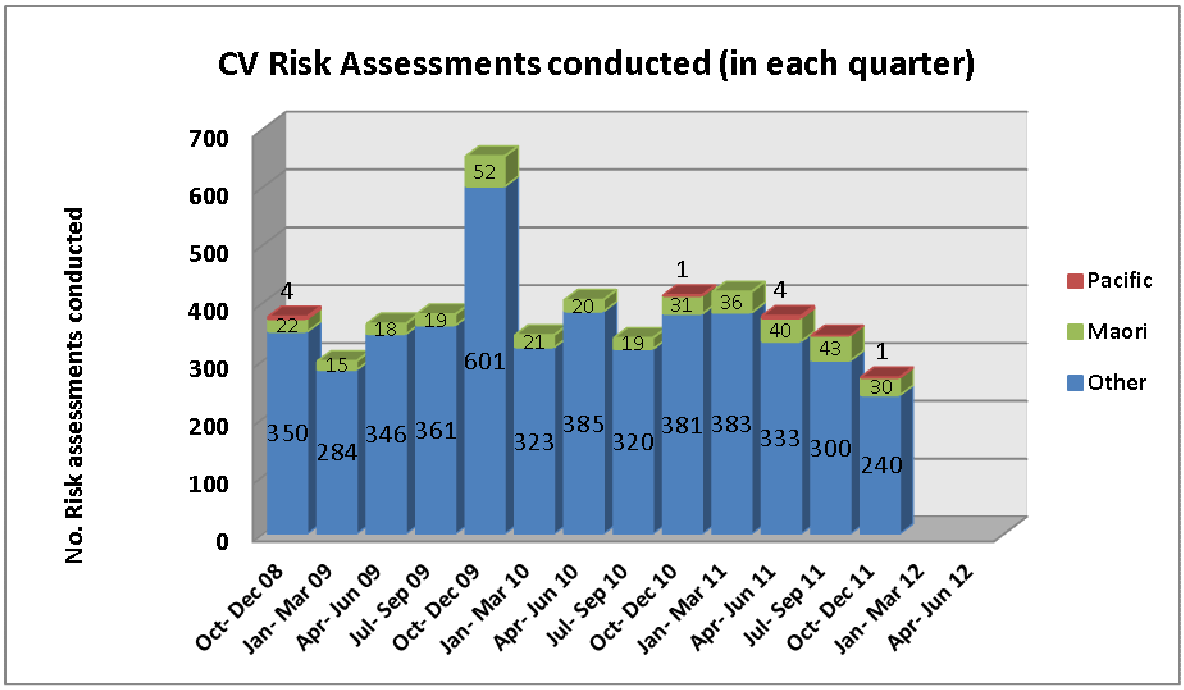
4. **Issues and Risks**

Issues/Risks	**Mitigation/Resolution**
• Nil.	• Nil.

5.2. Cardiovascular risk assessments

On target: Yes

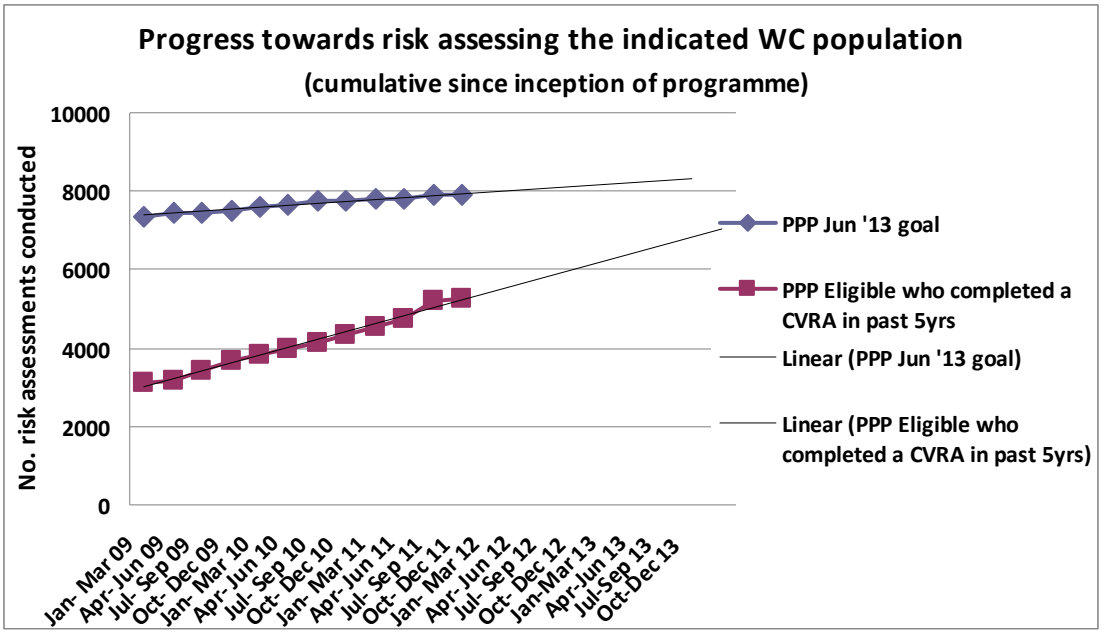
1. Outcomes/Outputs



The data in this graph is now a more accurate reflection of CVRAs completed at practices as it comes directly from forms completed. Activity this quarter has been less but not unexpected at this time of the year.

Maori make up 12.4% of completed CVRAs this quarter. By comparison, Maori make up 7.8% of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years.)

The smoking profile for CVRAs YTD (1.7.11 - 31.12.11) is as follows:
Of Maori screened to date 61% were <u>not</u> smoking compared with other ethnicities screened not smoking 79.6%.



2. Key Activities

- Ongoing support from Clinical Manager to practice nurses/teams to identify eligible patients for screening.
- Planning meeting held in December for Heart Month Feb 2012 discussing ways to increase CVRA uptake with the practices.

3. Networking/Education (either with Health Sector or Community)

- PHO Clinical Governance Committee;
- quarterly progress reports to practice teams and articles of interest sent to practice nurses;
- Practice teams.

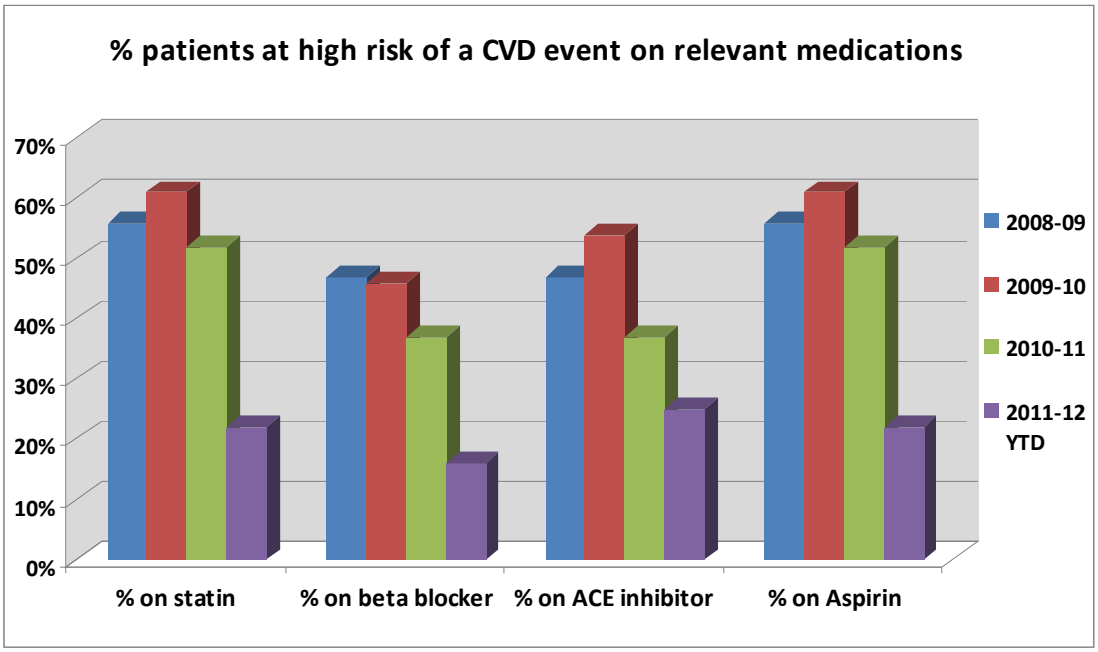
4. Issues and Risks

Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

5.2.1 Treatment for those identified with increased cardiovascular risk

1. **Outcomes/Outputs**

Of the 271 Cardiovascular Risk Assessments (CVRAs) completed this quarter, 72 (28%) were identified as having >15% risk of having a heart attack or stroke in the next 5 years.



The graph above shows the % of high risk patients followed up for one year who are on a preventative medication: Of concern, is the pharmacological management of those identified with high cardiovascular risk, with the number of those on appropriate medications less than previous 2 years. Clinical workshops are planned to try and address this.

2. **Key activities**

- all identified smokers are given brief advice and support to quit;
- recommended lifestyle interventions: diet, physical activity and weight management advice given and referrals made to relevant primary and secondary care providers;
- optimal pharmacological treatment is commenced;
- Regular follow-up monitoring of cardiovascular risk.

3. **Networking/Education** (either with Health Sector or Community)

- Planning for a study day for clinicians regarding the clinical management of people with identified cardiovascular risk 15% or greater.

4. **Issues and Risks**

Issues/Risks	Mitigation/Resolution

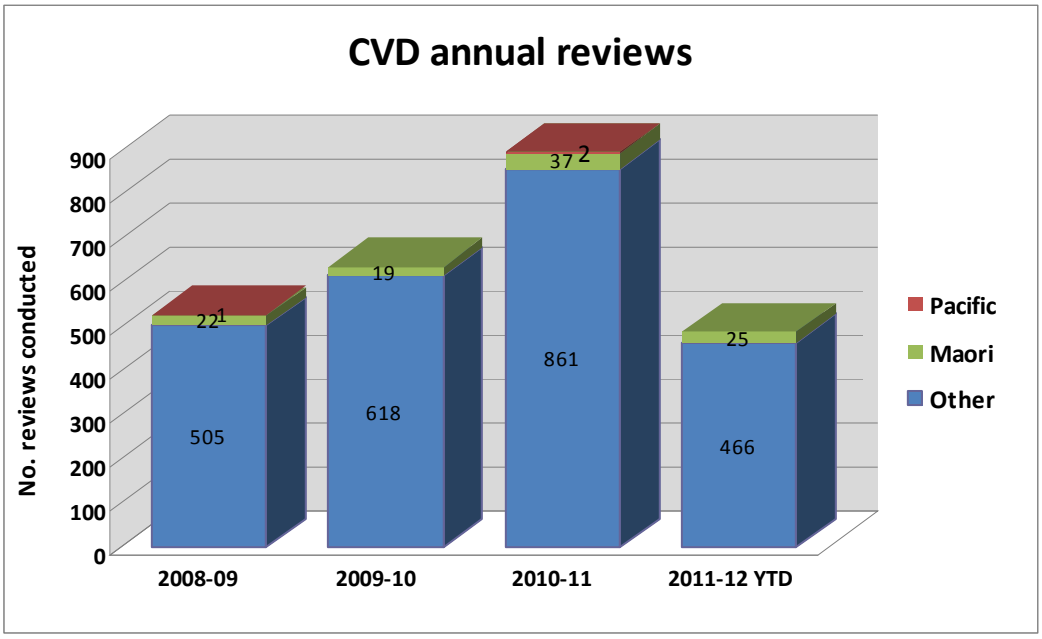
• Suboptimal pharmacological management of those with risk >15%.	• Provision of clinical workshops, on-going feedback to practice teams through QI team reporting and practice visits.

5.3. CVD annual reviews

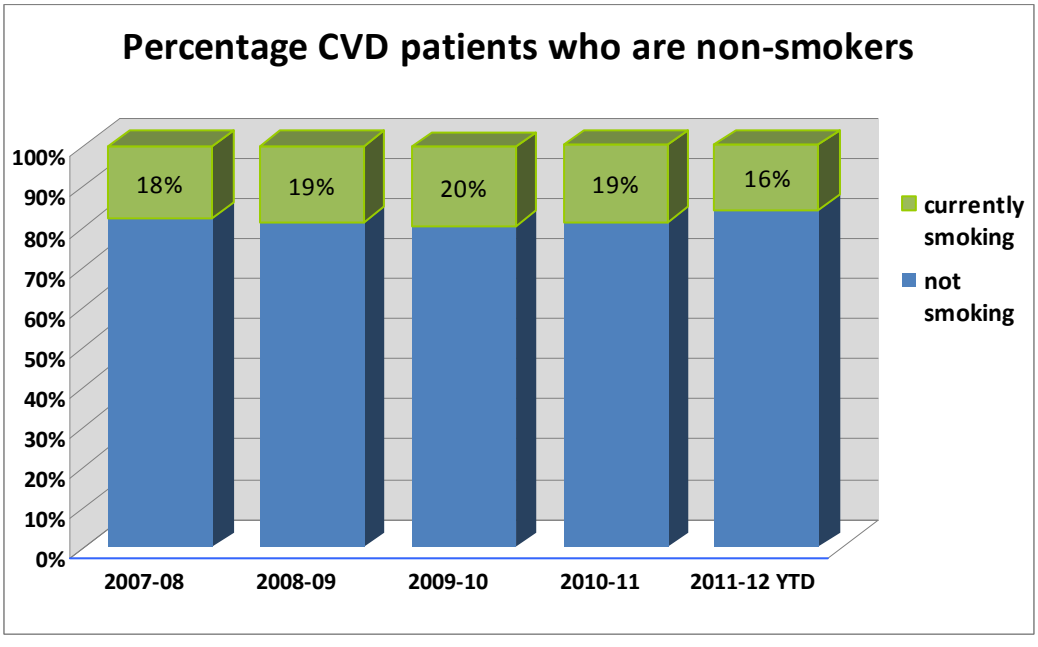
On target: Yes

1. Outcomes/Outputs

People with identified cardiovascular disease have an annual review of their condition as part of the Long Term Conditions Management programme.

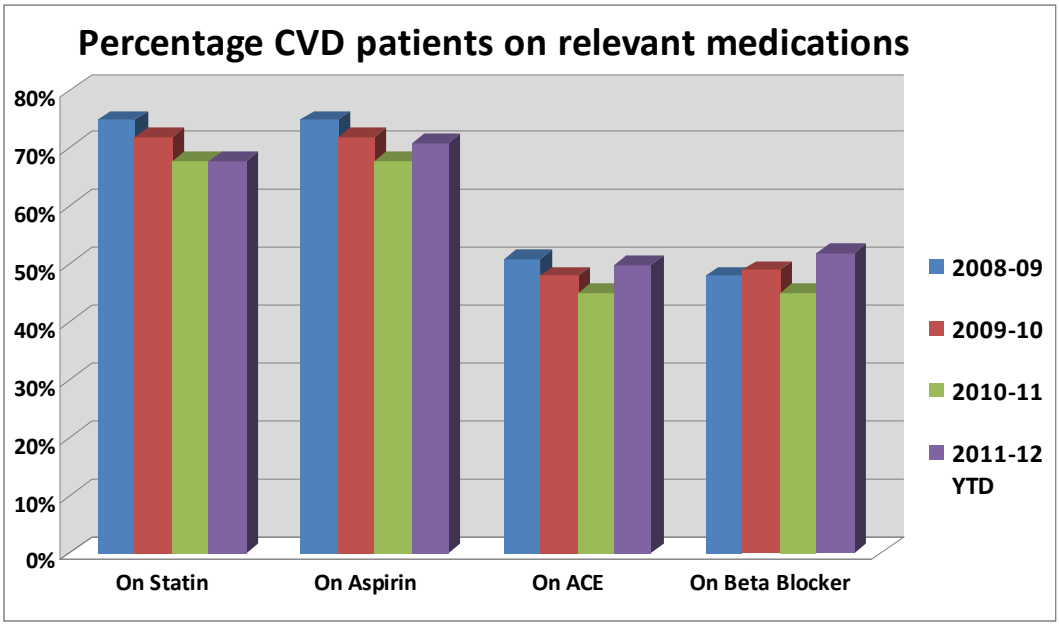


5% of the annual reviews conducted this quarter were for Maori. For comparison Maori make up 5.1% of the enrolment population aged 45+ years – the prime age group of people in the Long Term Conditions programme.



Of those reviewed YTD overall 84% of people were not smoking. Of Maori reviewed YTD 83% were not smoking and other ethnicities 84% were not smoking.

For those who are smoking there is a vast range of cessation services to choose from, all promoted across the West Coast.



It is pleasing to see an increase in the prescribing of medications for people with established heart disease.

2. Key Activities

- On-going support from Clinical Manager to practice teams to identify eligible patients who have not had a CVD annual review.

3. Networking/Education (either with Health Sector or Community)

- quarterly progress reports to practice QI teams;
- practice teams;

4. Issues and Risks

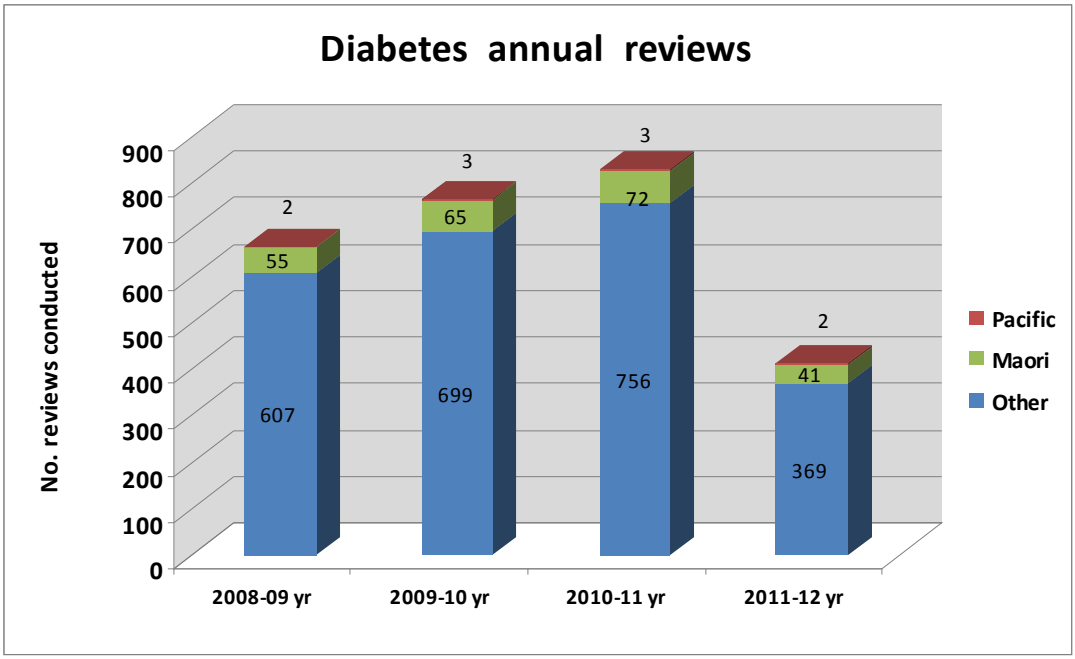
Issues/Risks	Mitigation/Resolution
• Nil	• Nil.

5.4. Diabetes annual reviews

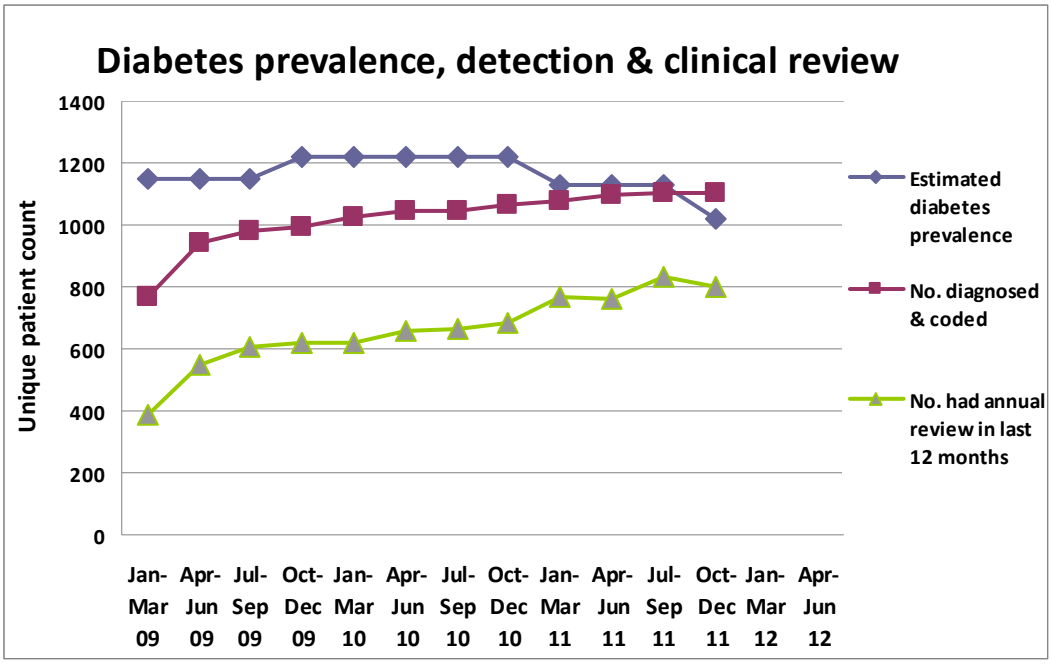
On target: Yes

1. Outcomes/Outputs

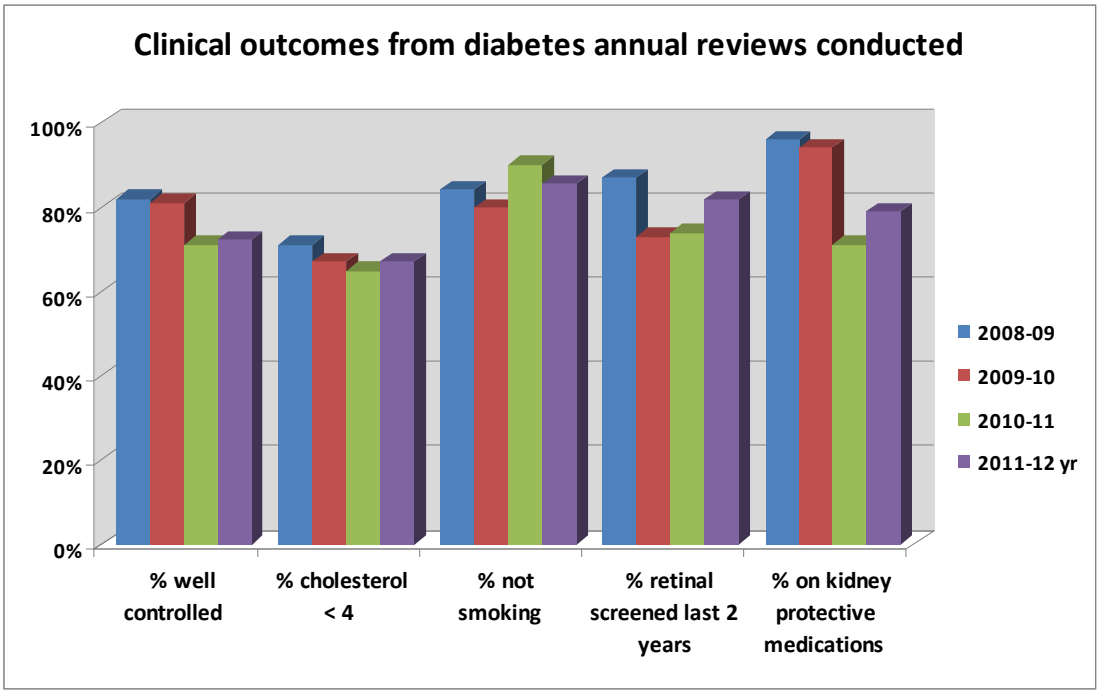
People identified with diabetes have an annual review of their condition as part of the Long Term Conditions Management programme.



9.9% of the annual reviews conducted this quarter were for Maori. For comparison Maori make up 5.1% of the enrolment population aged 45+ years – the prime age group of people in the Long Term Conditions programme.



A new diabetes prevalence model recently developed by the Ministry of Health was applied to prevalence estimates from 1 July 2011, with the new prevalence estimates becoming available in October – these are now applied and are reflected in the graph above (blue line).



It should be noted that the comparison of percentage cholesterol <4 began from 1st January 2010, prior to this the measurements were % cholesterol <5. (Recommended in the NZ Cardiovascular Guidelines 2009).

	Type 1	Type 2	Other Diabetes	Total Diabetes	As % Total Ann Reviews	Retinal Exam in Past 2yrs	% Ann Reviews had Ret Exams	HbA1c > 8	% HbA1c <=8	% Non-smokers	% On Statins
Maori	5	14	0	19	9%	14	74%	5	74%	0%	76%
Pacific	0	0	0	0	0%	0	0	0	0	0	0%
Other	38	145	0	183	91%	146	80%	43	77%	98%	81%
TOTAL	43	160	0	202	100%	161	80%	49	76%	89%	78%

2. Key Activities

- a retinal screening week was held in November: 100 people screened, 63 Greymouth, 37 Westport;
- information out to all clinicians regarding changes to the reporting units of HbA1c results from 1st October 2011;
- updating advanced forms to accommodate the changes to HbA1c units;
- planning for next retinal screening clinic for 13 to 17th February 2012 which will include a South Westland visit;
- Living Well with Type 2 Diabetes course completed in Westport with 6 graduates.

3. Networking/Education (either with Health Sector or Community)

- diabetes nurse educators at DHB, Diabetes course facilitators Buller and Greymouth;
- Local Diabetes Team meeting 28th September 2011, special meeting for planning of Diabetes Awareness Week in November;
- retinal screening appointments made and confirmation letters sent out;
- notification to practices of patients retinal screened;
- Promotion of Living Well with Type 2 diabetes courses (DSME) to practices and community and on PHO website.

4. Issues and Risks

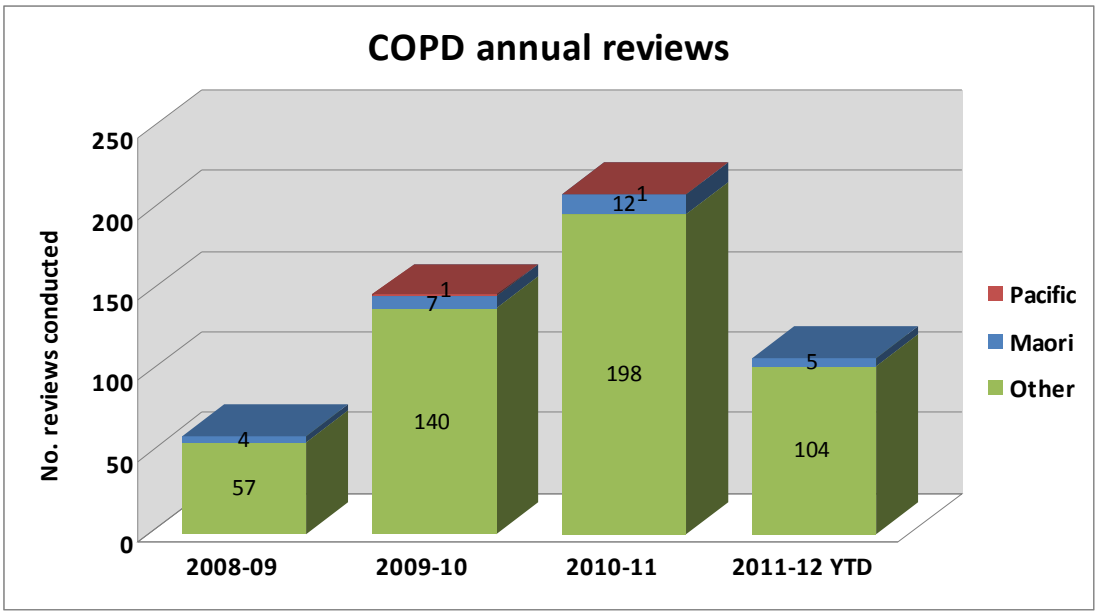
Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

5.5. COPD annual reviews

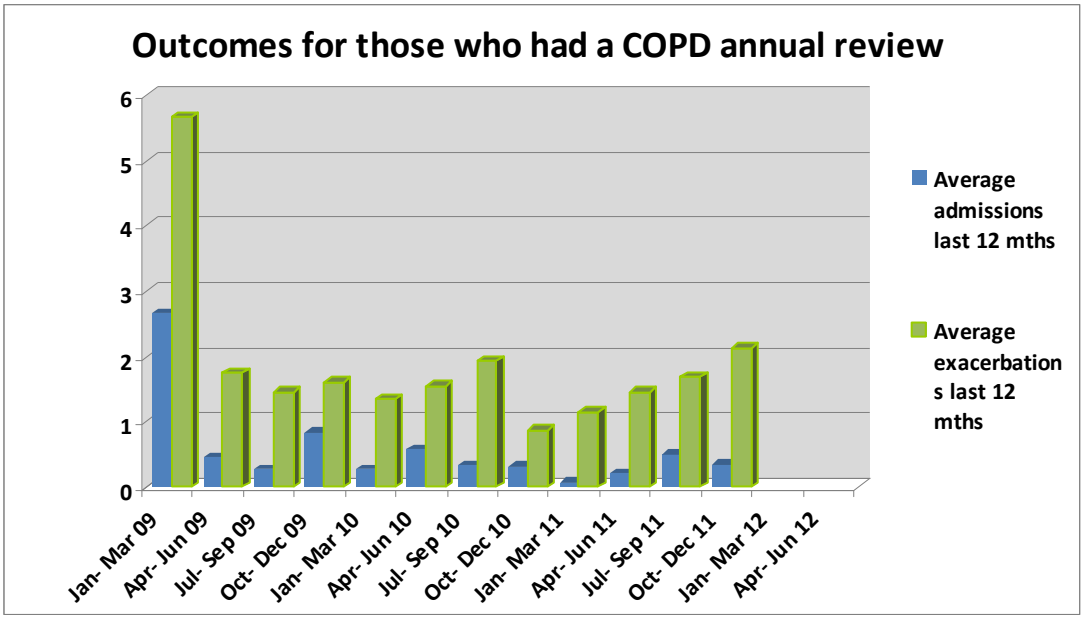
On target: Yes

1. Outcomes/Outputs

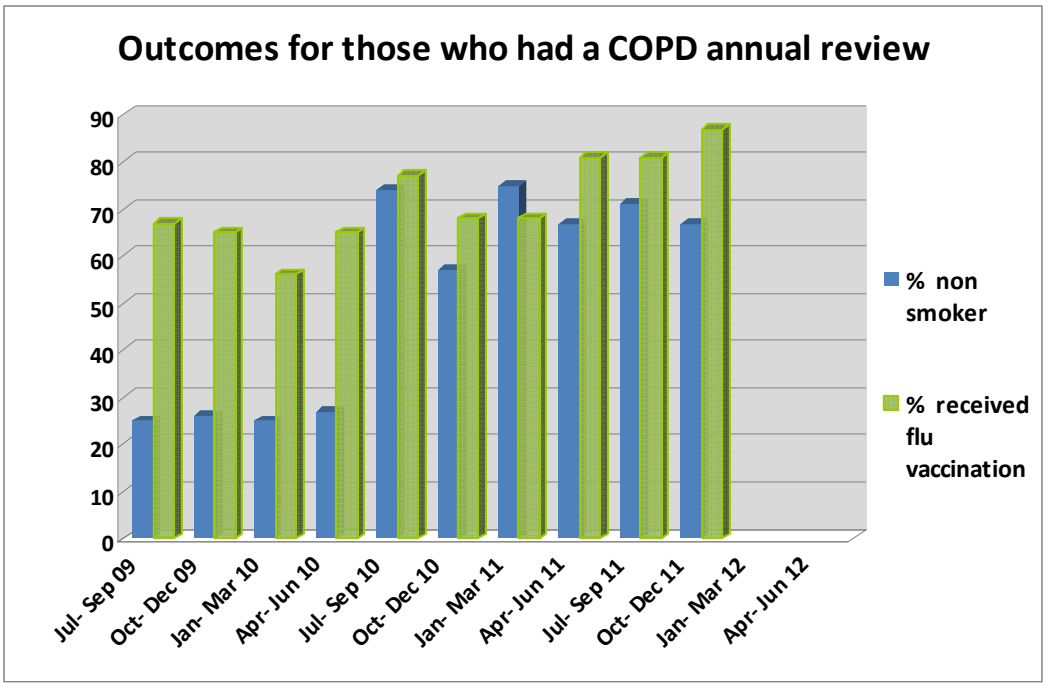
People identified with COPD have an annual review of their condition as part of the Long Term Conditions management programme.



4.6% of reviews conducted YTD have been for Maori. For comparison Maori make up 5.1% of the enrolment population aged 45+ years – the prime age group of people in the Long Term Conditions programme.



A slight concern is that the average exacerbations are increasing. This may be due to new patients enrolling in LTC who have not had the full benefits of the programme yet, or, some are still not self-managing their condition well.



It is great to see the increase in smokefree people with COPD since having them in a structured Long Term Conditions programme.

2. Key Activities

- identifying patients across the West Coast with COPD for eligibility for the Warm Up West Coast Home Insulation Project;
- the majority of practices are now holding COPD clinics;
- Two day spirometry training was held in Christchurch 9th and 10th December 2011 with four practice nurses and two rural nurse specialists attending.

3. Networking/Education (either with Health Sector or Community)

- HEHA and Smokefree Service Development Manager;
- practice QI team meetings;
- Respiratory nurse specialists.

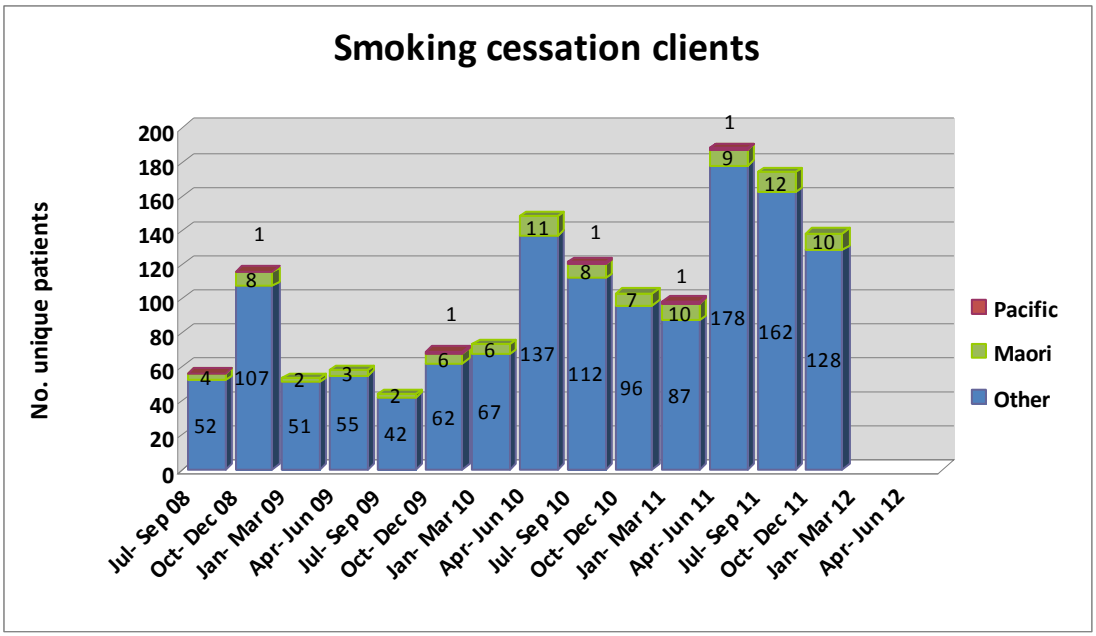
4. Issues and Risks

Issues/Risks	Mitigation/Resolution
• Slight concern that the average number of exacerbations is increasing for people with COPD.	• Ensure clinicians are providing COPD action plans at their reviews. • Encourage flu vaccination uptake.

5.6. Smoking cessation

On target: Yes, we have exceeded the year's funded 250 places on the programme.

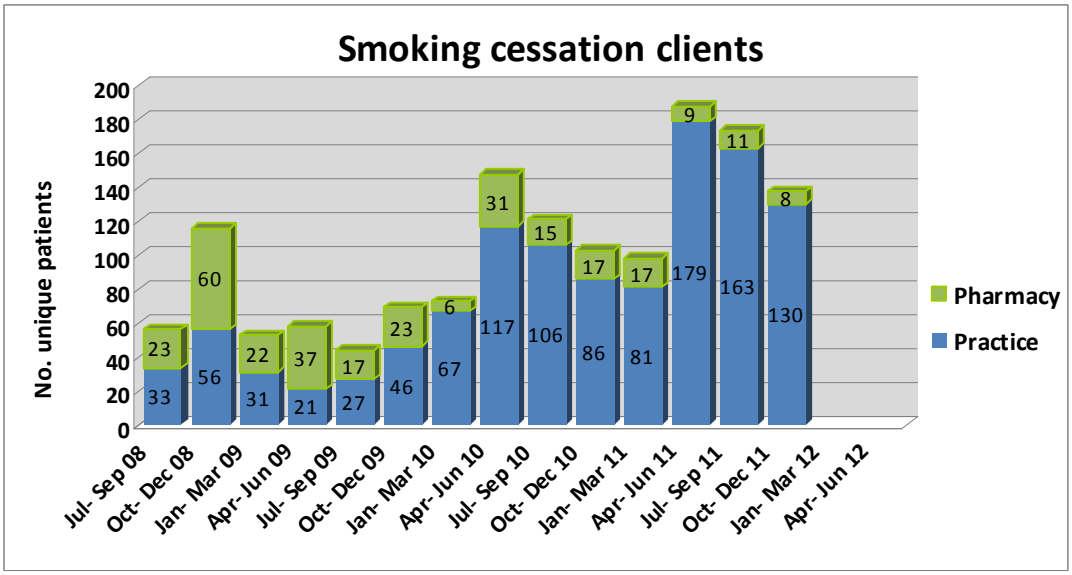
1. Outcomes/Outputs

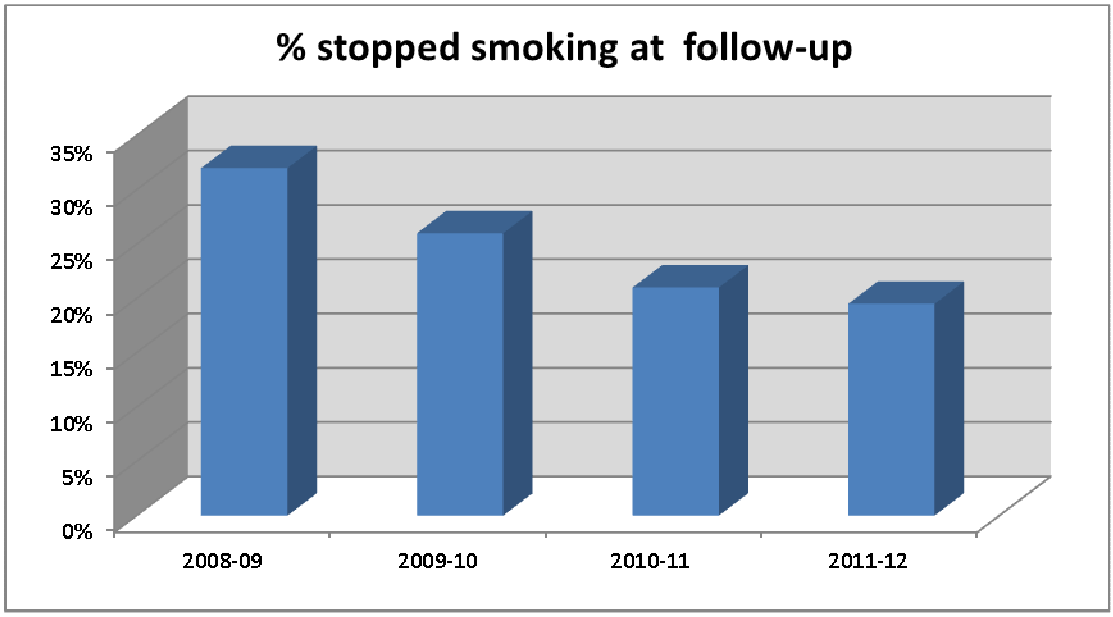


Despite a drop in enrolments to the programme this quarter, the number of people attempting to become smokefree is still very pleasing.

NB. Enrolments reflected in this graph are only to the PHO Coast Quit Smoking Cessation programme (i.e., Maori who enrol in the kaupapa Maori smoking cessation programme, Aukati Kaipaipa, run by Community & Public Health, are not included in these numbers).

Nevertheless, Maori enrolments made up 7.2% of all enrolments in the Coast Quit programme this quarter.





Quit rates of 20% after 3-6 months of enrolling in the Coast Quit Programme are encouraging to date. In March 2011 the ministry recommended standard measurement of outcomes of smoking cessation service in New Zealand. The minimum standard asks for measuring at 4 weeks following Target Quit Date (TQD) and then again at 3 months after TQD. Prior to the current YTD our quit rates were calculated at 6 months following TQD, and current YTD rates are still between 3-6 months (due to a large backlog of phone calls), thus the results in different time periods are not directly comparable.

2. Key Activities

- The new Smokefree service coordinator commenced on the 25th October 2011, with orientation and networking to primary and secondary services.

Primary Care:

- follow-up phone calls at 3-6 months following TQD in the Coast Quit programme;
- NRT supply to practices and pharmacies;
- on-going practice support with MedTech coding for PHO Performance programme smoking indicators;
- preliminary planning for practice visits early 2012;
- planning for Quit Card Provider training in 2012;
- 2-day Heart Foundation cessation training held in Westport on 15th and 16th November with Mark Wallace-Bell, 10 attendees from primary care, secondary care and NGOs;
- Participation in 2 Ministry led teleconferences regarding primary health targets.

Secondary Care:

- meeting with DHB training coordinator and with senior nursing and management staff;
- networking with ward Smokefree champions emphasising the secondary Smokefree health target;
- participation in two ministry led teleconferences regarding secondary health targets;
- feedback on the West Coast Tobacco Control Plan 2011-2014;
- Preparation and distribution of new ABC pink sticker guidelines.

3. Networking/Education (either with Health Sector or Community)

- Smokefree coalition committee meeting October and December 2011;
- monthly Smokefree mental health meeting;
- Healthy West Coast Governance Group (includes DHB, PHO and CPH);
- HEHA and Smokefree Service Development Manager;
- practices, pharmacies and ward staff at WCDHB;
- attendance at 1-day Tobacco Control seminar in Christchurch November 2011;
- Martin Witt's presentation to Grey District Council on Smokefree policies and signage.

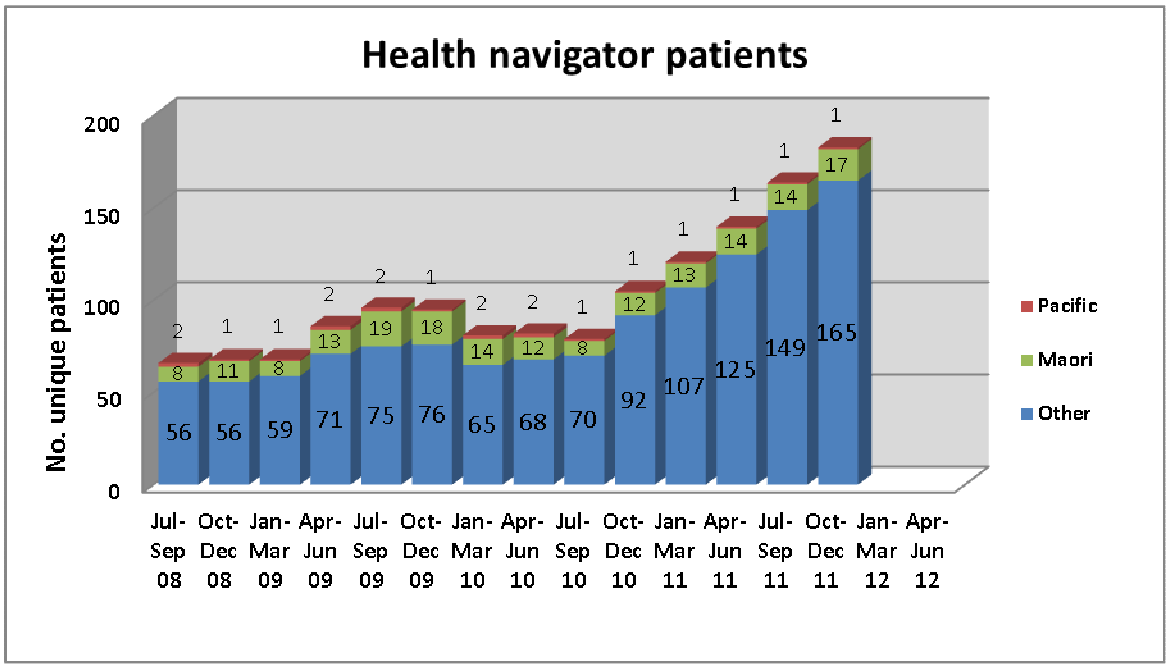
4. Issues and Risks

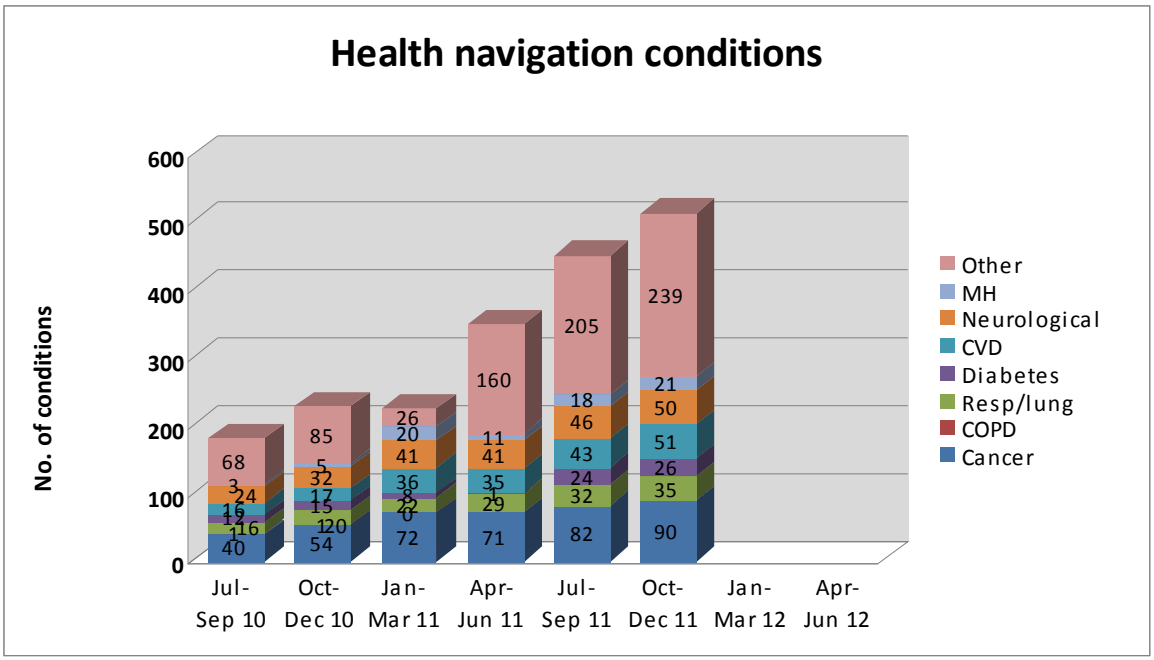
Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

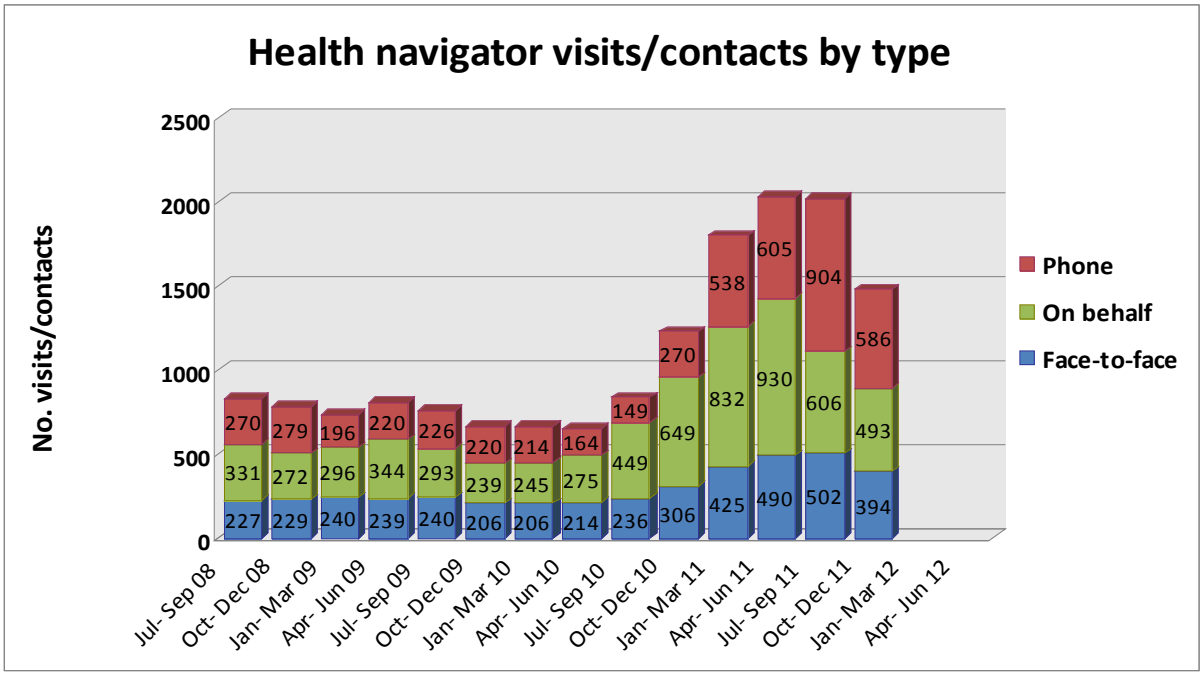
5.7. Health navigator service

On target: tracking as expected.

1. Outcomes/Outputs







The number of individual patients again this quarter has increased showing a continued growth trend in demand for the service. The number of contacts for this group was less than the number of contacts in the last quarter; this is potentially a product of a less complex case mix of patients and the fact that there was a significant amount of annual leave taken by the navigators during this quarter.

2. Key Activities

- provide additional support for LTC patients and their whanau with complex social needs;
- improve access to health care for these patients;
- support the Medical Centres and Rural Clinics in caring for these patients;
- improve access to social support services for these patients;
- improve health outcomes;
- enhance patient health literacy and ability to self-care;
- decrease unplanned ED visits and hospital admissions.

3. Networking/Education (either with Health Sector or Community)

- MDT meetings attended with one practice, Hokitika area and Greymouth Palliative;
- RNS orientation;
- orientation 1 Doctor from Westland Medical Centre;
- team completed MH101 mental health training on 3rd December 2011;
- PHO day for practices;
- Designing the Future WCDHB workshop.

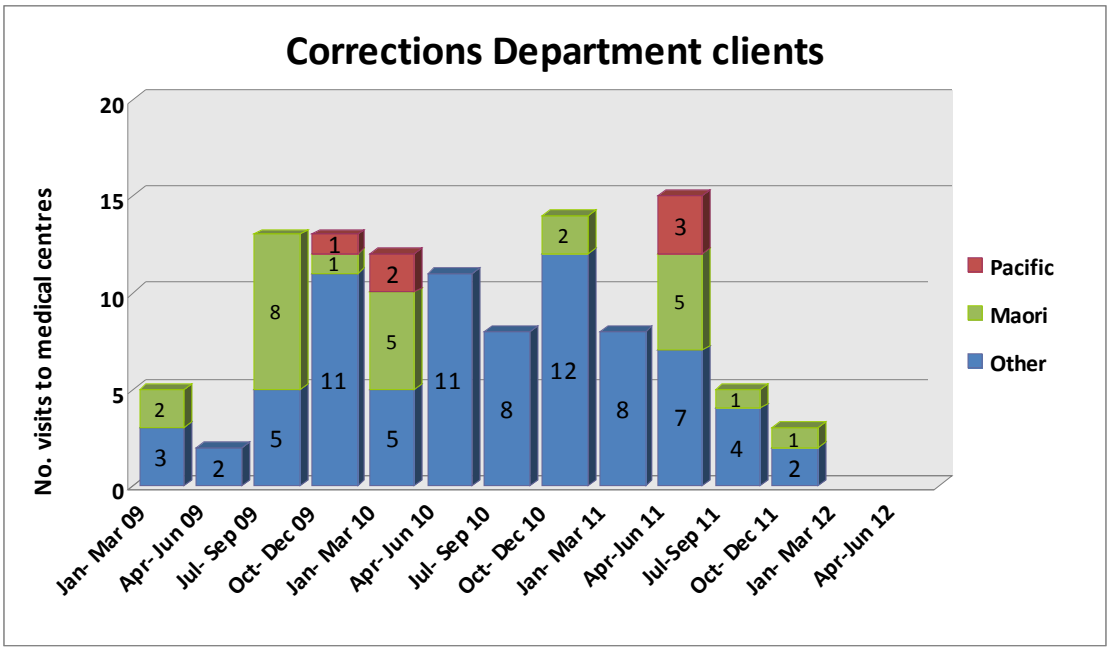
4. Issues and Risks

Issues/Risks	Mitigation/Resolution
• Increasing utilisation in service with no increase in FTE.	• On-going monitoring case load per team member.

5.8. Health checks for clients of the Corrections Dept.

On target: Yes

1. **Outcomes/Outputs**



Activity this quarter has decreased for the corrections programme. 33% of the visits this quarter were for Maori.

2. **Key Activities**
   - Vouchers are issued by community probation service staff to clients requiring free general practice services.

3. **Networking/Education** (either with Health Sector or Community)
   - Corrections Department.

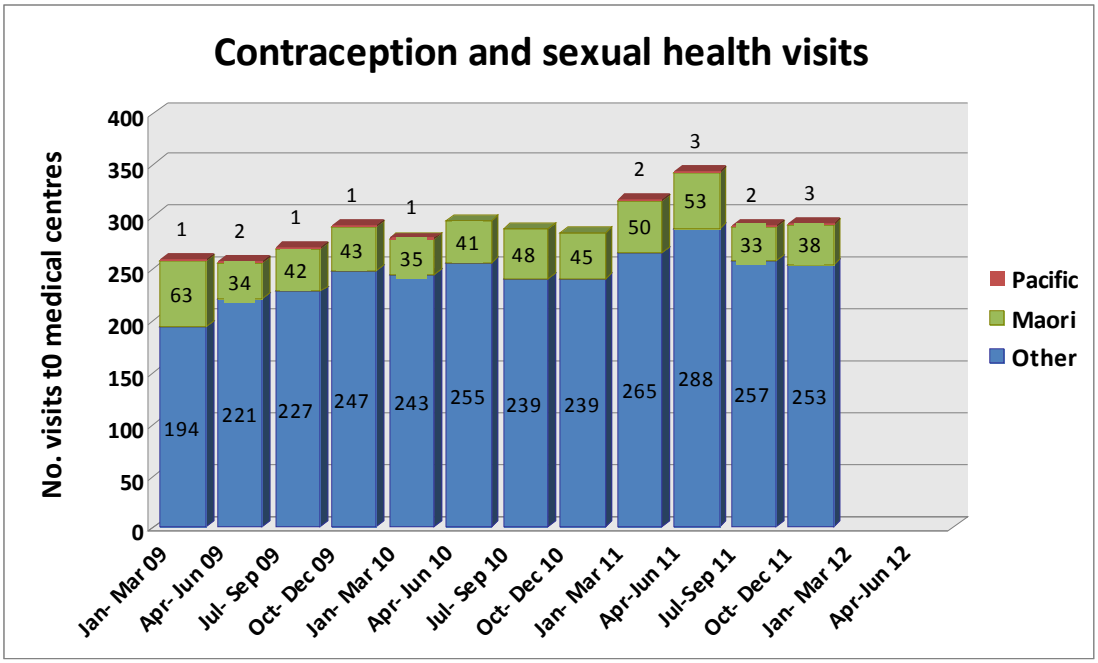
4. **Issues and Risks**

Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

5.9. Contraception & sexual health visits

On target: Yes

1. Outcomes/Outputs



13% of all visits made to practices for contraceptive and sexual health consults were for Maori. For comparison, Maori make up 14.8% of the 15-24 year age band likely to be the principal users of this programme.

2. Key Activities

- pharmacy claims: 21 ECP; 56 script fees;
- 2 Jadelle contraception;
- 2 Introduction to Contraception Study Days were held for practice nurses and midwives: Westport 7/10/11 – 7 attendees and Greymouth 8/10/11 - 12 attendees;
- pharmacies notified of changes to claims for the PHO Performance Programme indicator - GP referred pharmaceutical expenditure indicator;
- Preparation to update pharmacy programme folder.

3. Networking/Education (either with Health Sector or Community)

- practice teams;
- Clinical Nurse Manager, Cervical Screening/Sexual Health WCDHB;
- PHO Clinical Governance Committee;
- Family Planning Association, Christchurch.

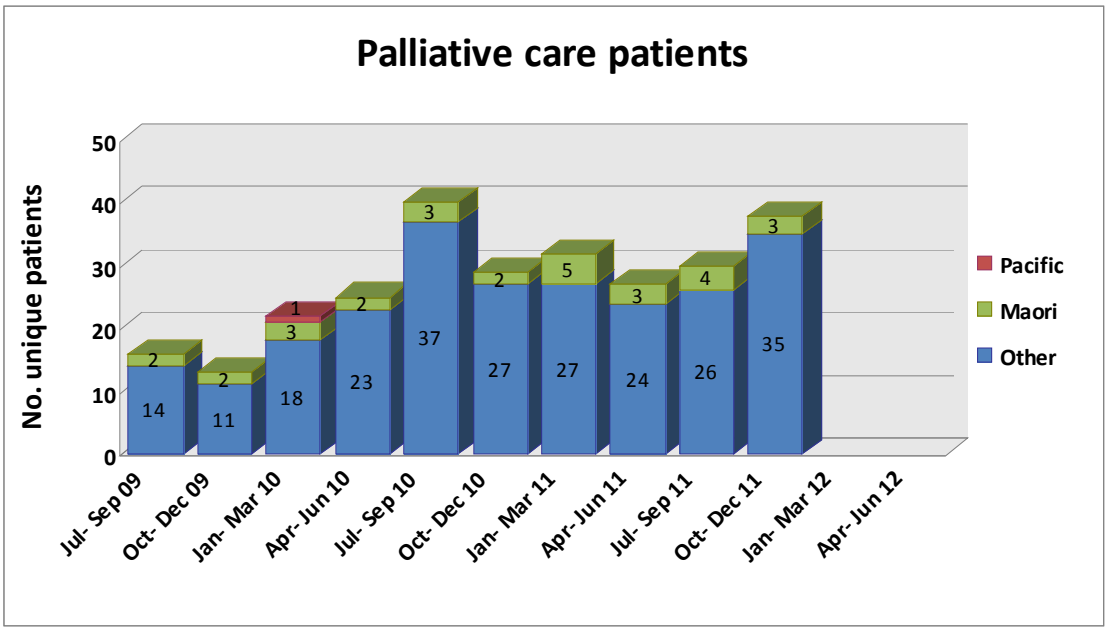
4. Issues and Risks

Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

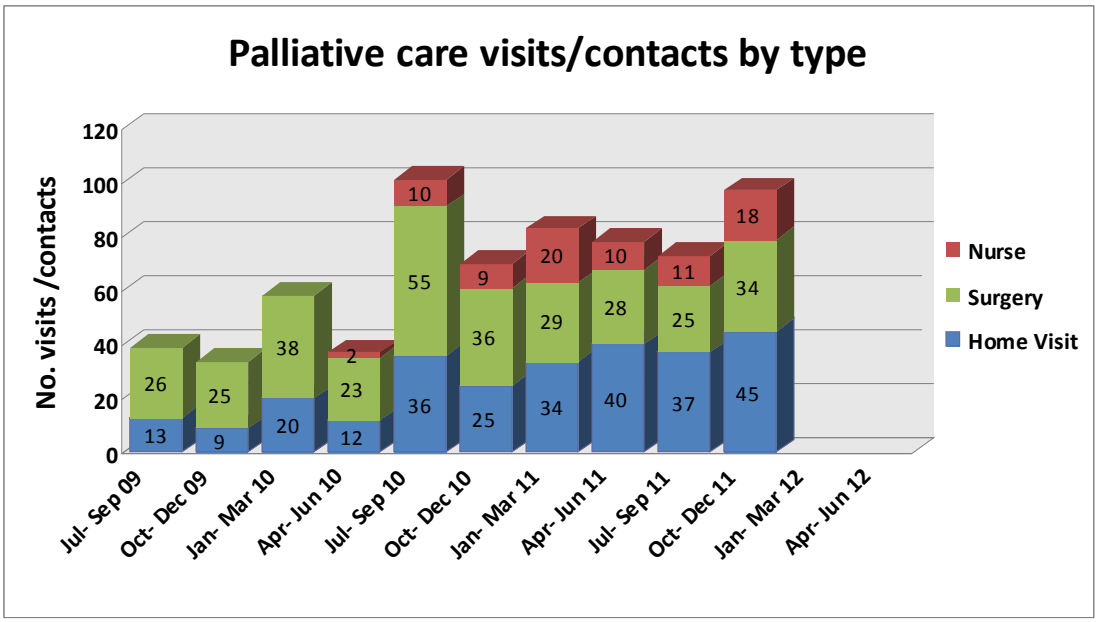
5.10. Palliative care

On target: Yes

1. **Outcomes/Outputs**



The number of individual patients again this quarter has increased from the last quarter showing a continued growth trend in demand for the service.



The claiming for the nurse virtual visits continues to be well utilised and appreciated.

2. **Key Activities**
   - Relieve any potential financial barriers for patients and their whanau in the terminal stage of their illness.
   - To reimburse general practitioners for home visits and surgery consultation for palliative care patients.

3. **Networking/Education** (either with Health Sector or Community)
   Nil.

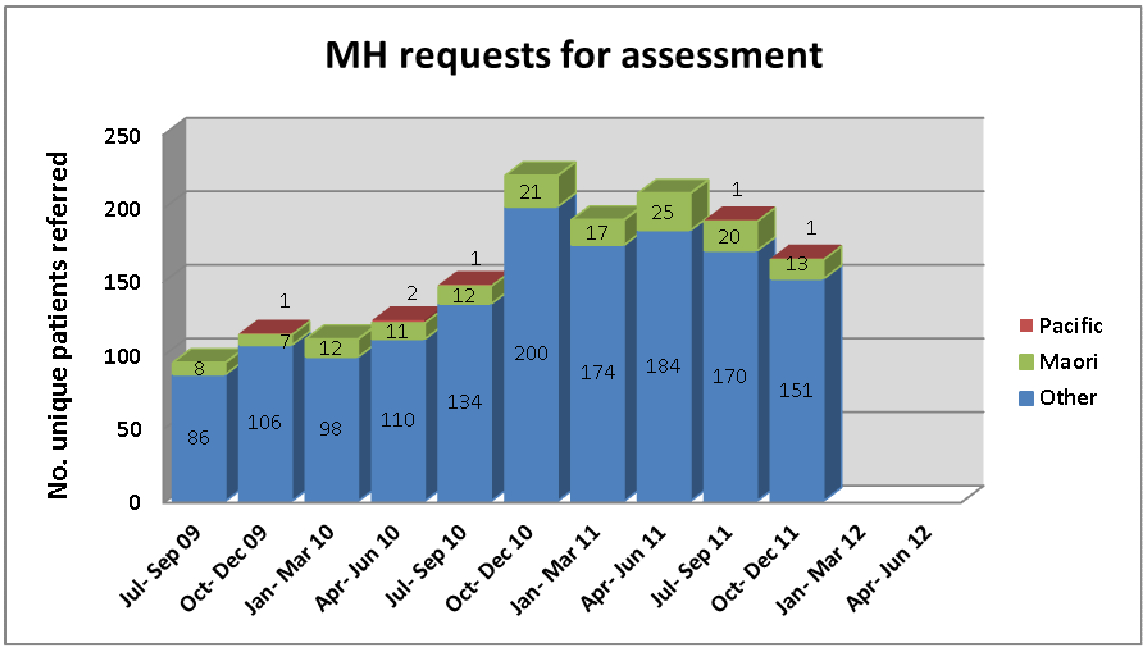
4. **Issues and Risks**

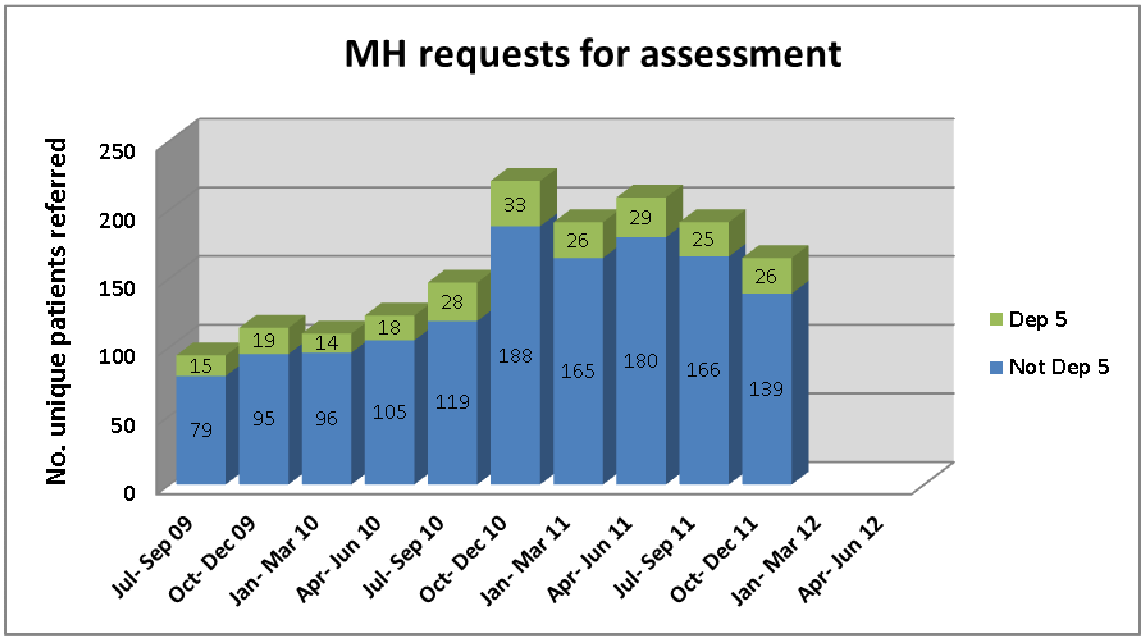
Issues/Risks	**Mitigation/Resolution**
• Nil.	• Nil.

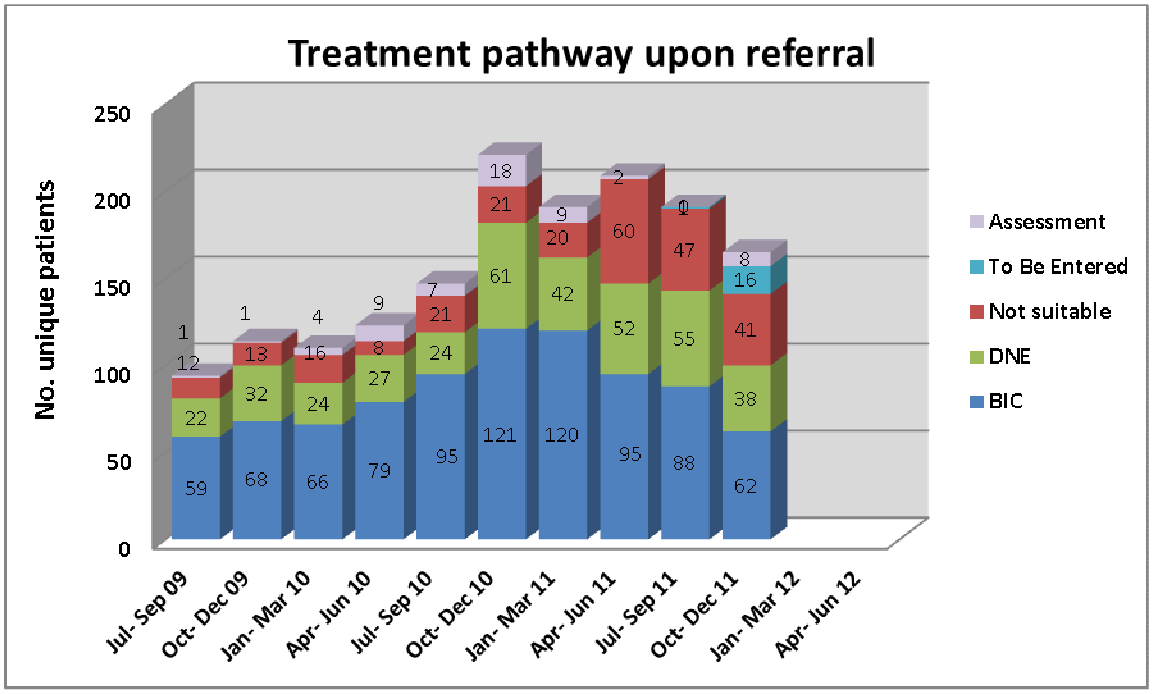
5.11. Mental Health services

On target: Yes

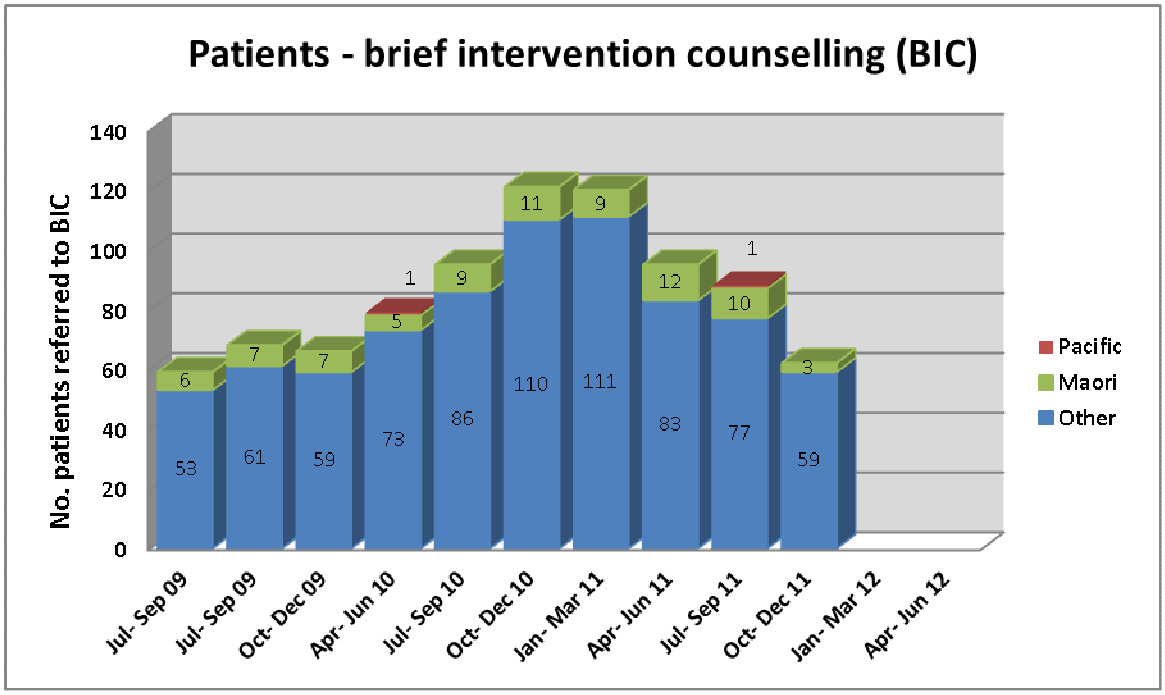
1. Outcomes/Outputs



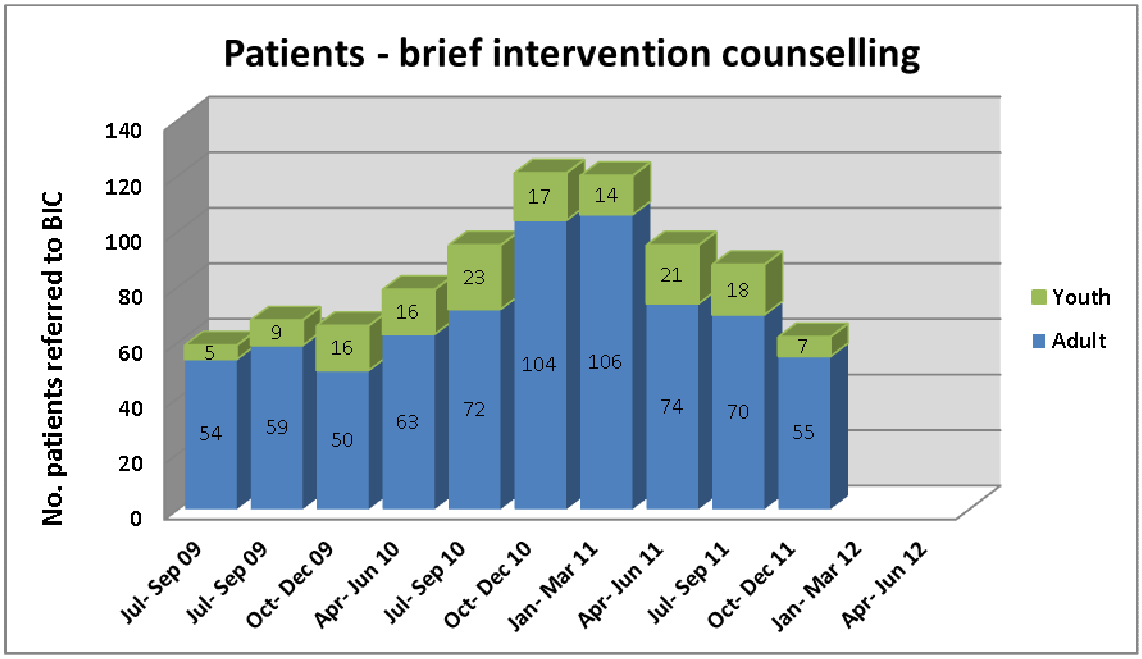


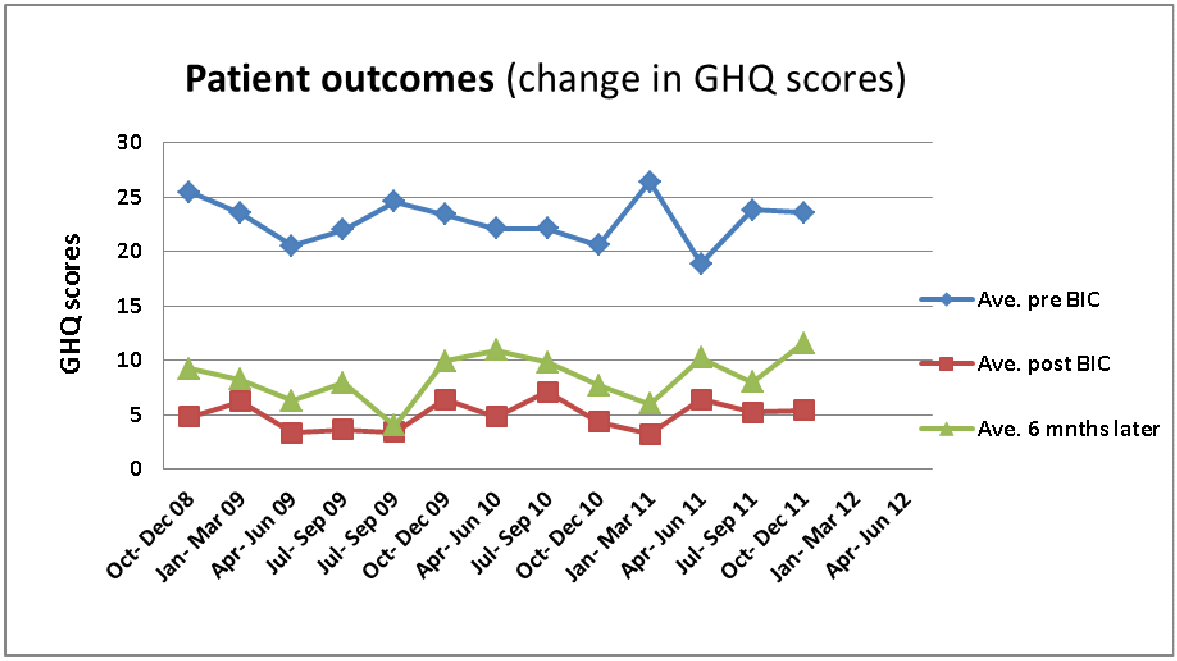


NB. "Not suitable" = not suitable for primary MH, so referred on to more appropriate service



BIC nos. peaked with the Pike River mine and Christchurch earthquake disasters in the Oct '10 to Mar '11 quarters, during which time extra personnel were brought on to assist. The service also had vacancies in Jul-Dec '11, leading to a drop off in BIC volumes towards the end of the year, though some contractors were also engaged to provide cover. The service is back to a full complement of staff for the start of 2012.





The outcomes data indicate that significant changes were made to levels of psychological distress and that these were maintained over time (as measured at six months follow-up after the last counselling session).

2. Key Activities

- 167 new requests were processed this quarter, with approximately two thirds being for females (113) and one quarter for males (54).
- One GP Liaison nurse has done all the assessments and triaging since the inception of this program in 2006. With the increase in numbers, the workload for one person covering the whole West Coast was unsustainable and the program received funding for an additional primary mental health coordinator position. Interviews were held and a

registered psychologist was appointed to start work full-time in Buller from January 2012.

- Of the two students working with the program, one has completed her training and the other is providing counselling at Westland Medical Centre.
- Arrangements were finalised for a PHO room in Buller for mental health use. This will be vital for the full-time psychologist working in Westport.
- The mental health team had its annual training/planning day where members shared their skills and made preparations for the following year.
- The Mental Health Resource Kit was updated and put on the West Coast Resources section of Health Pathways via Streamliners.
- A Mental Health Operations Manual for all team members has been finalised and circulated.

3. Networking/Education (either with Health Sector or Community)

- Team members placed Mental Health Awareness posters in practices and other relevant places for Mental Health Awareness week.
- Two members met with Ann Smith of TACT team to formalize on-going shared care meetings. Other such meetings take place on a regular basis in Westland and Buller.
- Three team members met with CAMHS manager to progress ways of working collaboratively in relation to young people.
- Two members attended opening of the new Presbyterian Support Service program.
- Most team members attended PHO day on Saturday 5 November 2011.
- The annual road show for 2011, Crackers and Cheese, was presented at High Street Medical Centre, Westland Medical Centre, and Reefton Medical Centre. The road show for the other West Coast practices are scheduled for early 2012.

4. Issues and Risks

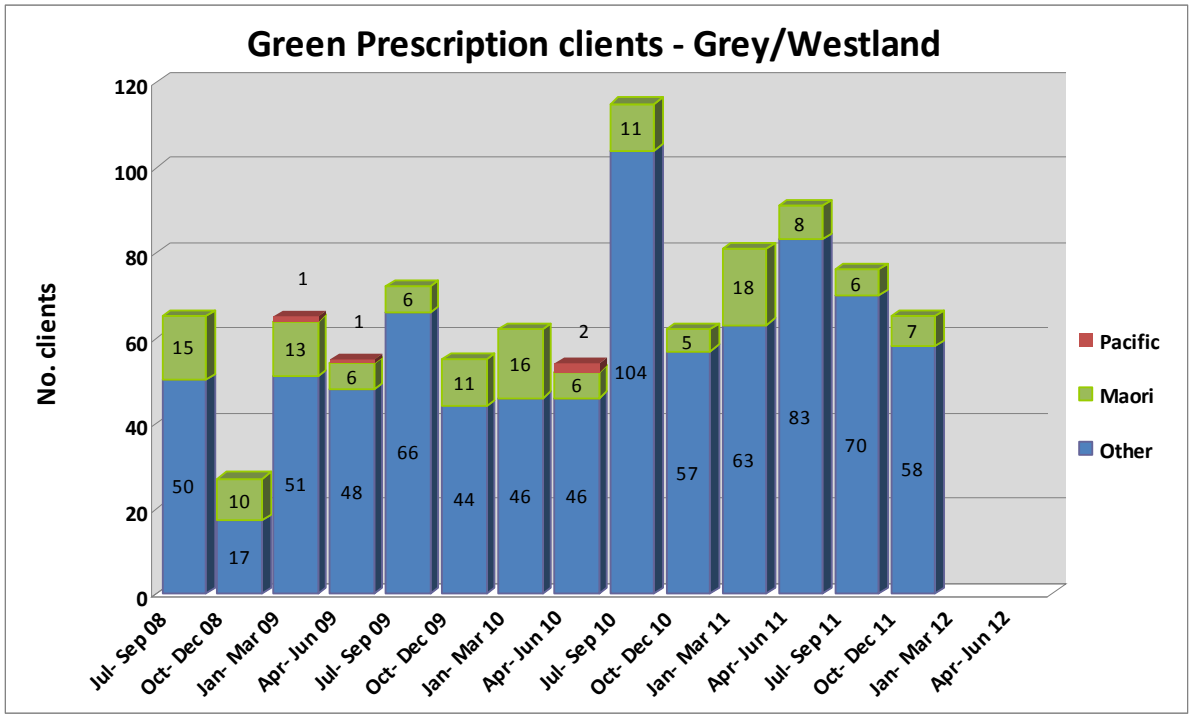
Issues/Risks	**Mitigation/Resolution**
• Risk of an effective, responsive program being swallowed up by a larger 'integrated' system to the detriment of primary health patients.	• Become more vocal as to the risks and more involved in endeavouring to alleviate such risks in order to maintain a beneficial service.

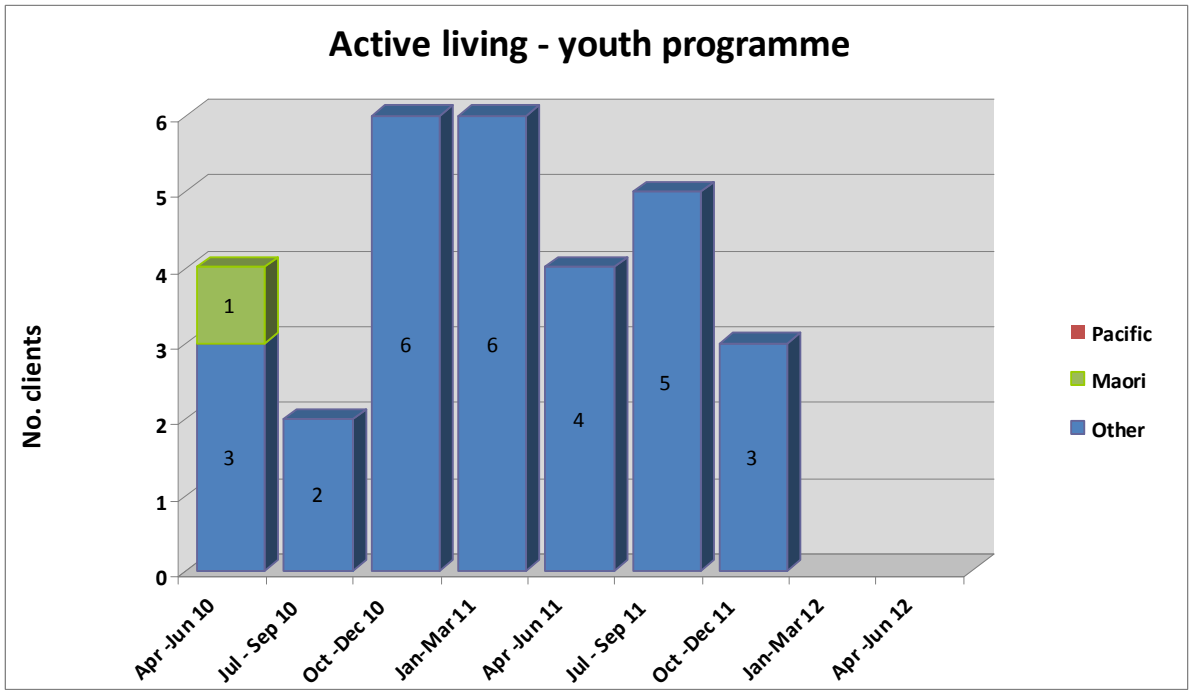
6. Keeping People Healthy

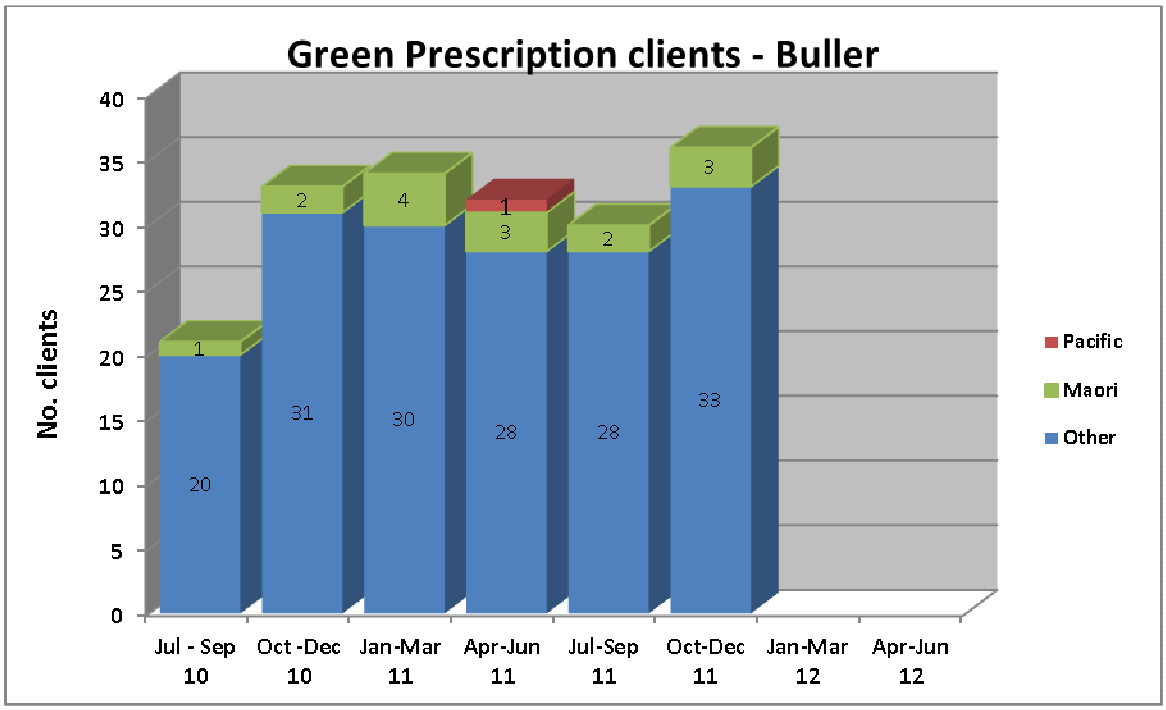
6.1. Green Prescription (GRx)

On target: Yes

1. Outcomes/Outputs







2. Key Activities

- commenced an eight week 'Active YOU' programme in Greymouth 5th October 2011;
- Active Youth Programme held Tuesday and Thursday afternoons after school;
- PHO gym every Tuesday afternoon, Wednesday and Friday mornings;
- Hokitika gym session held once every fortnight;
- initial consults held in Greymouth on Monday mornings and Hokitika on Tuesday;
- follow-up home visits Thursdays and Fridays as required for Reefton and Hokitika;
- two respiratory groups every Friday (10 week programmes) plus new gym sessions;
- Reefton visit December for initial consults, follow-ups and gym visit;
- Relocation of PHO gym into larger room with additional equipment during October;

Buller:

- clinics held every Monday;
- the second Buller 'Active YOU' Programme (8 weeks) was completed in December;
- Karamea visits (2) for initial consults and follow-ups in December.

3. Networking/Education (either with Health Sector or Community)

- monthly Green Prescription newsletter;
- weekly team meetings and supervision;
- Professional Development – Nelson Bay PHO green prescription visit in October;
- attended Mental Health MH101 forum 3rd October 2011 – focusing on how to recognise, relate and respond to people with mental illness;
- Canterbury West Coast Sports Trust Physical Activity manager visit November 2011.

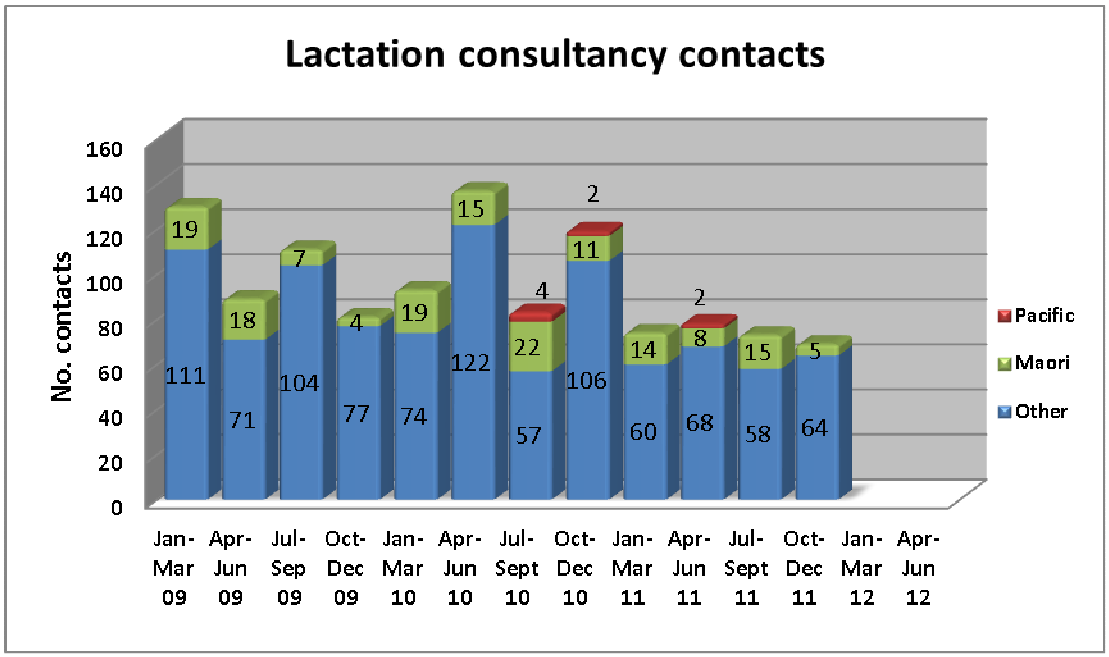
4. Issues and Risks

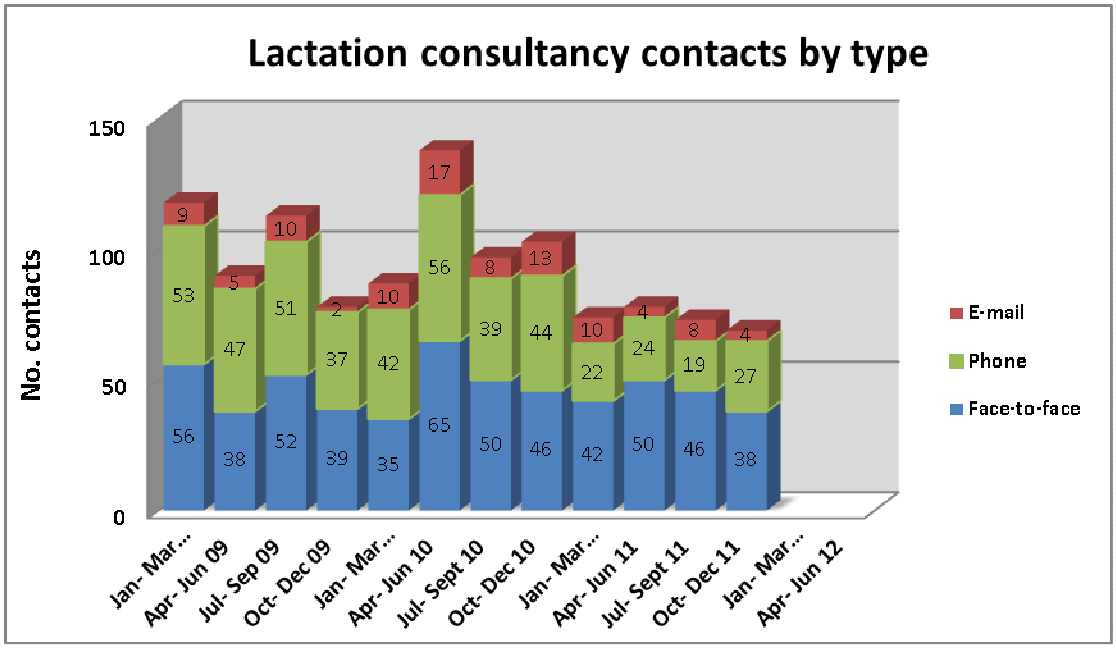
Issues/Risks	Mitigation/Resolution
• Buller Grx numbers have reached a point that exceeds current human resource capacity.	• Discussion and planning underway with CEO re: staffing resource.

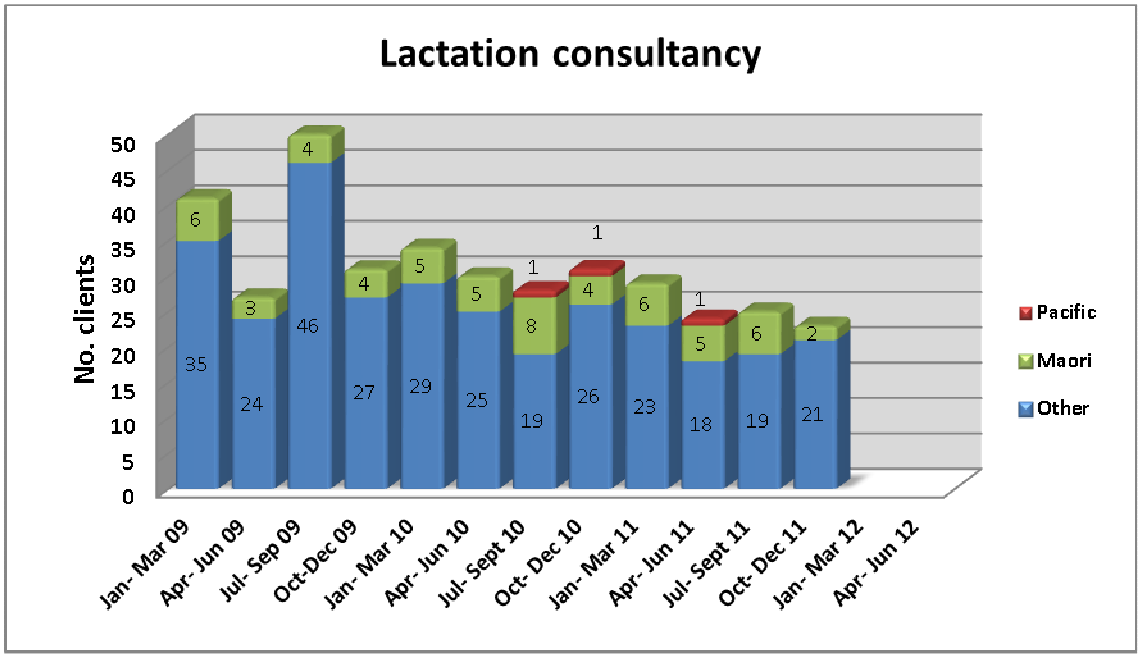
6.2. Breastfeeding Support

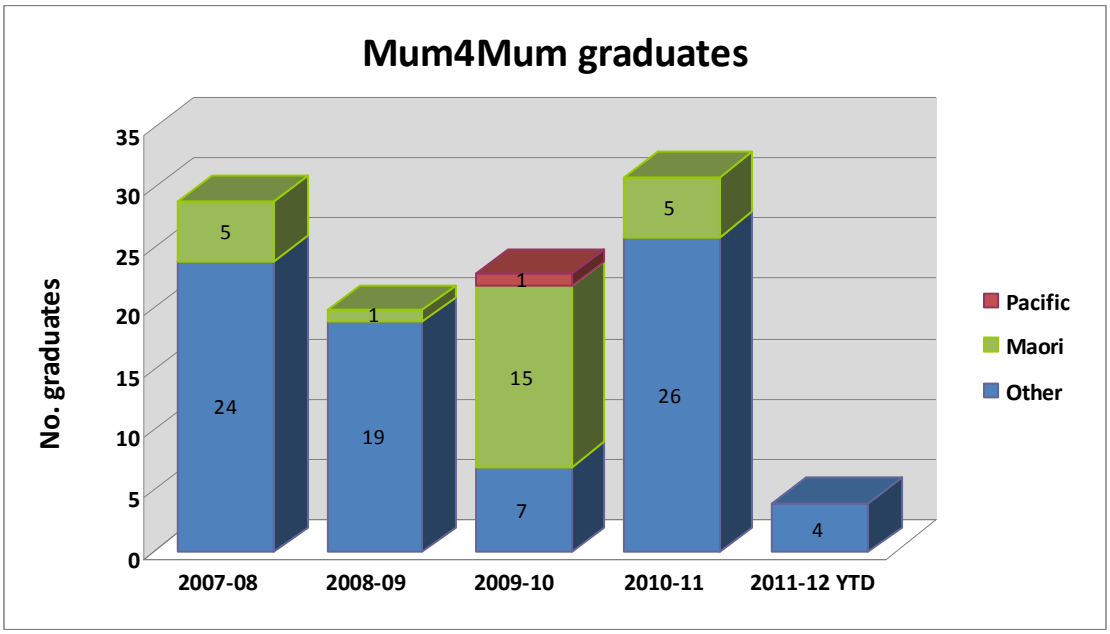
On target: Yes

1. Outcomes/Outputs









2. Key Activities

- A 'West Coast Breastfeeding' Facebook page has been set up this quarter.

Lactation consultancy:

- of the 23 new and returned clients, 13 were Deprivation 8-10, 5 rural; 2 were under 20 years of age and 0 were ante-natal women;
- contacts were in homes, maternity ward, phone, Facebook, email, and approximately 135 text messages;
- all clients informed of breastfeeding groups, Mum4Mum supporters, age appropriate immunisations and Well Child Checks.

Peer Counselling:

- 4 new peer counsellors (Mum4Mum supporters) were trained and graduated from Greymouth this quarter;
- planning underway for new Mum4Mum training in, Buller (February 2012) and Westland;
- Mum4Mums continue to support many women informally. Mum4Mums have supported 8 women through formal referral this quarter;
- Mum4Mums have a presence at ante-natal classes and Babes-in-arms breastfeeding support and Plunket support groups. In Greymouth Mum4Mums have begun hosting BABES-in-Arms with support from Nicola Harris and Anna McInroe;
- continuing education Mum4Mum meetings in Greymouth (1), Hokitika (1), Westport (2), Reefton (1) and Granity (1);
- 4 newsletters to Mum4Mums.

3. **Networking/Education** (either with Health Sector or Community)
   - Nicola Harris completed her Level 1 First Aid course in December 2011;
   - consultation meeting with Nurse Manager of McBrearty ward to discuss lactation consultant support for Greymouth Breastfeeding advocate;
   - 2 Ante-natal breastfeeding classes held this quarter, one each in Greymouth and Westport;
   - on-going contact with others in maternity and well child work, including midwives, Plunket, Rata Te Awhina, childbirth educators, and practice nurses;
   - breastfeeding interest group meetings attended in November 2011;
   - networking with peer counsellor programme administrators in other regions;
   - collaboratively working with DHB breastfeeding coordinator on the 'breastfeeding pathway' (now complete) and the development of a West Coast Breastfeeding Book for all pregnant women and new mothers (ready early 2012);
   - liaison with 'under 5s' group through Work & Income, including Homebuilders, Early Childhood Educators, CYFS and Infant Mental Health workers.
   - student midwife spent a day with LC in Buller;
   - Ask a Professional article in November 2011 Messenger on support available for breastfeeding women.

4. **Issues and Risks**

Issues/Risks	**Mitigation/Resolution**
Nil.	Nil.

6.3. Health Promotion Integration

On target: Yes

1. **Outcomes/Outputs**
   - 36 new referrals for Green Prescription in Buller, 3 Maori and 33 Other ethnicity;
   - 6 attendees completed the four week "Living Well with Diabetes" self-management course in Westport this quarter.

2. **Key Activities**
   - Extensive promotion in practices & pharmacies for Diabetes Awareness Week November 2011, as well as a full page spread in the Messenger;
   - Mental Health Awareness week was held during October 2011;
   - presentation of the Healthy Lifestyle Ambassador Awards were made in each region in November 2011, the recipients were from Reefton, Hokitika and Greymouth;
   - the West Coast PHO 2012 health promotion calendar was distributed to 13,300 households across the West Coast in late December;
   - extensive preparation for 'themed' monthly health promotion messaging to occur in the pharmacies and practices, as well as the Rusty Health Promotion brand to commence in January 2012;
   - smoking cessation: continuation of NRT supplies and ordering to practices and pharmacies; Coast Quit follow-up phone calls to people enrolled in the programme;
   - planning for 'Living Well with Type 2 Diabetes' courses to be held in Greymouth commencing January 2012;
   - planning meeting for 2012 Men's Health promotion in December 2011;
   - planning meeting for 2012 Heart Month in February 2012 including: Sports West Coast, CPH and PHO staff;
   - Assisted with the WCDHB expo 2nd December 2011.

3. **Networking/Education** (either with Health Sector or Community)
   - Smokefree Coalition meetings in October and December 2011;
   - WCDHB HEHA and Smokefree Service Development Manager meeting to discuss support of Makaawhio Maori Ora Programme;
   - West Coast PHO Smokefree services coordinator;
   - Local Diabetes Team;
   - Rusty the Health Promotion dog made appearances at the Greymouth and Hokitika children's expos in October 2011 as well as the Grey Valley Play centre in Dec 2011;
   - attended Active West Coast meeting in October 2011;
   - Supporting Families Buller visit;
   - Practices and pharmacies.
   - Health Promotion Coordinator completed level 1 first aid course in December 2011;
   - attended Mental Health MH101 on 3rd October 2011, focusing on how to recognise, relate and respond to people with mental illness;
   - Meeting with Service Delivery Manager at Richmond NZ 4th November 2011.

4. **Issues and Risks**

Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

7. Workforce and rural support

1. Outcomes/ outputs:

PHO Performance Programme - latest report of funded indicators, to December 2011

Indicator	Programme Goal	PHO achieved in this quarter	Progress compared to previous quarter	Programme indicator achieved	Comment
Flu Vaccine Coverage – Total Population	≥75	58.03	↑	×	Slight increase this quarter
Flu Vaccine Coverage – High Needs	≥75	60.92	↔	×	No change
Cervical Cancer Screening Coverage – Total Population	≥75	73.46	↑	×	Slight increase this quarter
Cervical Cancer Screening Coverage – High Needs	≥75	69.83	↑	×	Slight increase this quarter
Age Appropriated Vaccinations – 2 yr olds – Total Population	≥90	83.33	↓	×	Very slight decrease this quarter
Age Appropriated Vaccinations – 2 yr olds – High Needs	≥90	82.35	↓	×	A drop of over 6% this quarter
Breast Cancer Screening Coverage – High Needs	≥70	72.48	↑	✓	A good increase
Ischaemic CVD Detection – Total Population	≥90	158.29	↑	✓	A further increase compared to the numbers predicted
Ischaemic CVD Detection –High Needs	≥90	166.50	↑	✓	As above
CVD Risk Assessment – Total Population	≥80	52.58	↑	×	While the number who have had a CVD risk assessment continues to increase, only just over half of the eligible population have had a CVD risk assessment
CVD Risk Assessment – High Needs	≥80	51.95	↑	×	While those at high CVD risk are more likely to be high needs, a smaller proportion of this population have had a CVD risk assessment
Diabetes Detection – Total Population	≥90	108.23	↑	✓	A substantial risk compared to previous quarter

Diabetes Detection – High Needs	≥90	106.40		✓	A very marginal decrease, compared to last quarter
Diabetes Detection and Follow Up – Total Population	≥80	74.34		×	An increase of 21% compared to last quarter
Diabetes Detection and Follow Up – High Needs	≥80	74.41		×	An increase of 17% compared to last quarter
Smoking Status Ever Recorded - Other	≥90	66.64	First time reported on	×	Significant headway has already been made in reaching the programme goal
Smoking Status Ever Recorded – High Needs	≥90	65.59	First time reported on	×	Significant headway has already been made in reaching the programme goal

Of particular note this quarter, is the significant increase in the proportion of diabetics in both population groups receiving a Diabetes Annual Review. The proportion of the total and high needs 2 year old population receiving vaccinations has declined again this quarter, with a decline of over 6% for the high needs population. This decrease warrants a significant effort to address the non-uptake. There have been increases in preventive cancer interventions, which is a positive, and rates of CVD and diabetes detection remain high.

Cornerstone outputs

The list below outlines when practices are due to reaccredit or what stage they are at with accreditation:

- Buller Medical Services: expires 9 December 2012;
- Greymouth Medical Centre: expires 26 August 2013;
- High Street Medical Centre: expires 21 October 2013;
- Westland Medical Centre: expires 21 October 2013;
- Ngakawau Health Centre – expires 26 April 2013;
- Reefton Health –re-accrediting March 2012;
- Rural Academic Practice: assessed at the end of 2011 in post assessment phase and working on outstanding indicators;
- Karamea: assessed and continue to work on outstanding indicators;
- South Westland Area Practice: may consider commencing the process this year but due to length of time the practice has been run without a formal administrator it maybe 2013.

Professional development activities this quarter

	GP	Nurse	PA	Other	**Total**
Introduction to contraception – rural		12			**12**
Orthopaedic update – knees and hips	6	3		3	**12**
PHO Day	6	6	9	27	**48**
Diabetes annual update/role of Pradaxa (Dabigitran)	5	4			**9**

AF and the role of Pradaxa (Dabigitran	5	4			**9**
Total for quarter 01/10/2011-31/12/2011	**22**	**29**	**9**	**30**	**90**

Maori workforce

18% of the PHO team identify as Maori. This is a higher proportion of staff who identify as Maori than the proportion of Maori amongst West Coast residents (9%). Maori staff are provided access to cultural supervision, with a supervisor of their choosing and this arrangement is formalised with a contract. In addition, they receive on-going career development support.

From January 2012 the Canterbury Recruitment Team in conjunction with the West Coast HR Unit, are formally coordinating all aspects of the Recruitment and Retention Strategy and its implementation, including recruitment of Maori staff, for both WCDHB owned practices and private practices. The Maori GM for WCDHB is working in conjunction with this team and has developed a position description for the recruitment of Maori nurses who will be working within the Integrated Family Health Centres when they are established. The plan is for these positions to be employed within Rata Te Awhina Trust.

Currently 6 clinical staff employed across WCDHB and private practices identify as Maori and 1 non-clinical staff member. The level of Maori clinical staff working in West Coast PHO practices is above the target level set for 2013 as part of the 2010-2013 West Coast PHO Maori Health Plan, and has doubled since the writing of the plan in 2010.

Cultural Fluency

What	Progress
Link with DHB Māori health team for the provision of cultural fluency* and health inequalities training. All WCPHO practices will be provided with a timetable of the planned workshops so they can plan for staff to attend the workshops.	This is on-going.
Facilitate linkages between practices and the DHB Māori health team as practices develop and implement their Maori health plans.	Assistance has already been provided to Buller Health Medical Centre and Rural Academic General Practice.
Actively engage Manawhenua to give guidance and support regarding Tikanga Māori protocol appropriate to Te Tai O Poutini rohe.	Manawhenua continue to have representation on the Clinical Governance Committee and Board of the West Coast PHO.

- *The key aspects of cultural fluency are acknowledging differing definitions of health and wellbeing, supporting choice of treatment approaches and presenting health care (and options) in a culturally responsive manner.
- Cultural fluency goes beyond sensitivity, awareness and cultural safety. It can include, for example, understanding how or by whom decision making is made in a whānau, and considerations of how Māori values,

beliefs and experiences might impact on the establishment and maintenance of a therapeutic relationship. http://www.bpac.org.nz/magazine/2010/june/addiction.asp

Professional development:

What	Progress
Provide monthly professional development evening meetings for GPs, nurses, practice managers, pharmacists and other members of the multi disciplinary team (MDT), with videoconference links.	See professional development activities this quarter.
Provide annual PHO workshops: PHO day, practice management workshops, practice nurse workshops.	Annual PHO day was held and attended by 48 staff. Planning commenced for the PHO QI day on 14th March. The name of the day is "Tools, tips and technologies" and guest speakers have already been arranged.
Enable training in the use of standing orders by funding staff attendance.	A meeting has been scheduled for early in January to address the continued absence of a contract around standing orders training and the subsequent attached funding.
Adapt Canterbury HealthPathways for Coast use and provide educational sessions to implement them, (see HealthPathways plan).	Dr. Paul Corwin was unable to continue to progress the coastdising of healthpathways, so the project is in a state of limbo again. However, there is currently exploration of the possibility of funding GPs to review pathways as some of them are a significant length and therefore take some time to review.
Provide education about health literacy	Health literacy was a key focus on the West Coast PHO's celebration day on November 2011

Quality initiatives:

What	Progress
Develop quality improvement and clinical governance systems in every IFHC.	Too soon to do this.
Provide Cornerstone support and co-ordination support to practice quality improvement teams.	See Cornerstone report.
Support practice improvement activities for GPs (MOPS) and nurses (accreditation and expert endorsement).	Ongoing.
Produce practice level PHO Performance Programme reports with peer comparisons.	Ongoing
Provide practice visits by GP and nurse facilitators to review PHO Performance Programme reports and assist in the development of quality improvement plans.	Available as required and will comprised a key component of the PHO QI day in March 2012.
Provide PHO Performance Programme incentive payments according to the percentage of targets met by each practice.	These incentive payments were paid annually in June.

Support pharmacists to provide feedback to GPs on cost effective prescribing.	A process is now in place for pharmacists to report back to practices on script errors in an effort to reduce error rate, and support a collegial environment around appropriate prescribing..
Seek feedback from Māori community to ascertain their view about the quality of patient care for Māori.	Nothing further to report
Develop/adopt a patient survey to measure patient satisfaction with the care they receive at their IFHC	The 2011 patient survey was completed and reports sent to each practice.

3. Issues and Risks

Issues/Risks	Mitigation/Resolution
No new issues/risks identified	

Better, Sooner, More Convenient Progress Report – December 2011

SUMMARY- UPDATE

The BSMC deliverables for the 2011/12 year have been up-lifted from the West Coast DHB Annual Plan and Statement of Intent (APSOI).

YEAR TWO DELIVERABLES

Status indicators

Result	Meaning
✓ ✖	Have we completed the activity or reached the target? Yes = ✓ or No = ✖
⬚	Positive progress is underway towards delivering the output as planned.

1. IFHC FACILITIES

Owner: Workstream Team Leader – W Turp/ H Williams

Key Result	Date	Status	Current Achievement/Progress
Buller IFHC			
Undertake process mapping exercise completed	Jul/Aug 11	✓	Three workshops have been held with Buller, DHB/PHO staff and some external providers. The outcomes of these workshops resulted in a Business Case and implementation plan being developed by Sapere.
Concept plan options for various sites developed	Sept 11	✓	Three workshops with Buller, DHB, PHO staff, external providers and the architects have been held. These workshops have provided valuable input into the concept plan options for the various sites.
Concept plan options costed	Sept 11	✓	Concept plans have been completed and have been completed.
Engineers Review of Site options completed	Sept 11	✓	Engineers have looked at a site flood plains and how existing buildings at both sites stack up against the building codes, with particular relevance to required earthquake strengthening.
Preferred concept recommended by ALT	Sept 11	✓	This was presented to ALT on the 22/09/11. Recommendation is for a single site, but no recommendation was made as to which site. This was due to some aspects of operational cost had not yet been completed.

Business Case Implementation Plan is actioned	2013	⊡	A Buller Project Manager has been appointed and work has commenced on the Business Case Implementation Plan.
Detailed Architect plans finalised	Nov 11	⊡	Work has commenced.
Cost /Value review completed	Jan 12		
Building contracts let	Feb 12		
Construction starts during	Mar 12		

Owner: Workstream Team Leader – C Atmore/W Turp

Key Result	Date	Status	Current Achievement/Progress
Greymouth IFHC			
Community engagement and support for a proposed new Grey IFHC/hospital model of care is achieved	Dec 11	✓	Community participation in planning for Grey IFHC and regional hospital initiated through 2 day community health expo held on 1st and 2nd December. The Expo will travel throughout the West Coast as a static display over the next 2-3 months, and feedback via website will be available as well.
Agreement is obtained for the Grey district whole of system model of care	Dec 11	✓	Workshop held on 8-9 December with primary, community and hospital representation. More detailed Model of Care to be developed by end of March 2012.
Process mapping exercise completed	Mar 12	⊡	Work has begun in this area.
Concept plan options developed	June 12	⊡	A tender has gone out for the delivery of this piece of work and is expected to commence work in Feb/Mar 2012.
Concept plan options costed	July 12		As per the above tender process.

2. GOVERNANCE

Owner: Workstream Team Leader – A Cooke

Key Result	Date	Status	Current Achievement/Progress
Interim organisational form decided	Mar 11	▭	This component of work did not progress during the first half of the 2010/2011 year. This workstream met in Christchurch on 10/10/11.
Interim approach in place	Jun 11	▭	As above
Ownership, governance and management arrangements for IFHC and services are agreed and applied	Jun 12		The Workstream has not met since the last ALT meeting in November 2011. D Meates has prepared a draft paper on the Ownership and Governance for the Workstream to consider. It is unlikely that the Workstream will consider this paper before February 2012.

3. CORE GENERAL PRACTICE REDESIGN

Owner:Workstream Team Leader – Dr Carol Atmore

Key Result	Date	Status	Current Achievement/Progress
Review of standing orders use in each practice October 2011.	Oct 11	✓	Standing orders review 2011 completed, processes occurs annually.
Standing order updated in practices	May 12	▭	Documentation to be circulated to practices by Feb 2012.
Safe practice and clinical consistency across the West Coast Health System is achieved.	Jun 12	▭	Part of wider work happening.
An action plan to address the appropriateness of ED presentations is developed and implemented	Dec 11.	▭	Audit of ED presentations to be completed and compared with previous audit by June 2012.
A reduction in the number of acute primary care presentations (triage 5 patients) in ED during week days to <35	Jun 12.	▭	Data unavailable.
95% Patients discharged or transferred from ED within 6 hours.	Jun12	▭	99.69% are discharged or transferred within 6 hours.

All seven practices are Cornerstone accredited by (*five a currently accredited*)	Jun 12		Reefton is re-accrediting, Karamea and RAGP are in post assessment phase and South Westland are not looking to accredit until 2013.
Maori Health care plans for general practices	Dec 11		First meeting with Academic Rural General Practice took place on 31 Aug. Meeting with Buller general practice completed.
Kaiawhina positions established in Buller Integrated Family Health Centre	Dec 11		Position descriptions progressing. Aim to appoint early 2012.
Kaiawhina positions established in Grey Integrated Family Health Centre	Jun 12		Work in progress, plan for in place by June 2012.
Appointment of a dedicated Maori clinical position at the Buller Integrated Family Health Centres	Dec 11		Draft job description has been completed. These positions are linked to the Maori Provider with whom a new contract is being negotiated. Discussion occurring re: funding and model of care . Aim to appoint early 2012.
Appointment of a dedicated Maori clinical position at the Grey Integrated Family Health Centres	Jun 12		Draft job description has been completed. These positions are linked to the Maori Provider with whom a new contract is being negotiated.
Māori enrolment rates as a percentage of the population as a whole.	1/4ly Reports		See main body of the Quarterly report.
Māori engagement and uptake in the whole range of primary health care initiatives as per PHO	1/4ly Reports		See main body of the Quarterly report.
Measurable improvement in Māori health status.	1/4ly Reports		See main body of the Quarterly report.
GP and primary care nurse vacancies and locum positions against new Model of Care ideal numbers	1/4ly reports		The CDHB recruitment team have indicated that currently there are vacancies at: • Greymouth Medical Centre – 1.7 FTE GP vacancies; • RAGP – Unknown; • Reefton – 1 FTE GP from 23/7/2012; • Westport – 1.63 FTE.
Report on potential improvements and efficiencies in DHB owned General Practice business model	Ma 12		Primary Practice Efficiency steering group overseeing (including Wayne T, Carol A, Hecta W, Anthony C)
Report on potential alternative workforces in primary care	Mar 12		Health Workforce NZ is currently trialing multiple alternative workforce positions. Outcome of pilots will be monitored by Carol Atmore.

Repeat community satisfaction survey	Dec 11	✓	Completed report tabled to PHO CGC.
Repeat stock take of nurse post graduate qualifications and future needs	Jun12	⬚	Ongoing.
Evaluate and update After Hours plan	Dec 11	✓	Report completed and to be presented.
Coordination hub for primary care recruitment and retention established	Jan 12	✓	Now part of CDHB recruitment and retention work.
Annual GP conference held	Oct-Sept 12	⬚	To be repeated late 2012.

4. INFORMATION TECHNOLOGY

Owner: Workstream Team Leader – Miles Roper

Key Result	Date	Status	Current Achievement/Progress
Access to ManageMyHealth is provided to relevant ED, pharmacy staff and mental health staff and training provided	Jun 12	✓	ManageMyHealth access has been available from 5th December to ED, hospital and community pharmacy, and mental health. Workshops have been held under the Clinical Governance Committee and are completed. An Implementation and support person has been employed for 6 months (30 hours per week) to help with the implementation and bedding down. Due to the "opt on" rule public participation is limited at this stage.
The mechanisms for enabling community nursing and allied health are analysed by December 2011, with agreement and implementation	May 12	⬚	This work is now being tackled by IT and the Buller Project Manager and ties in with reporting requirements of a new IFHC. Identification of the resources required to carry out the level of detail required for the IT solution in Buller is currently being undertaken. The scope for the detailed analysis is more than just district nursing but encompasses a range of IT components currently used within Buller Health and how these would be reconfigured to support an integrated model of care.

MedTech/ManageMyHealth extension across health centres achieved	Mar 12	✓	ManageMyHealth is now available to all pharmacies, mental health staff and ED on the West Coast, with the **exception** of the private practice in Hokitika. This is due to the use of Profiile on Apple computers and a reluctance to switch to MedTech on PCs. A high level plan has been provided by Medtech for an interface between software programs. This has been passed to Profile for a response. Realistic time frames for a successful implementation is likely to be 12 months away, and will require funding (amount required currently unknown) to cover the development/implementation costs.
West Coast health system agreement as to the fundamental elements of a safe shared record for patient information and implement in line with NHITB direction.		✓	As per the first Key Result above and being monitored by PHO Clinical Governance Committee.
Clinical governance and stewardship is established to determine and develop policy for ManageMyHealth content, consent, access and audit aspects of ManageMyHealth by.	Sept11	✓	The PHO Clinical Governance Committee will continue to monitor the success of this implementation. The audit component has been completed as a draft framework and submitted to the executive in the DHB for comment.
Coast lab results are able to be accessed through ManageMyHealth.	Jun 12.	✓	This has been available from 5th December 2011.

5. WCDHB COMMUNITY BASED SERVICES

Owner: Workstream Team Leader – Karyn Kelly

Key Result	Date	Status	Current Achievement/Progress
Develop common, integrated service specifications. Consolidate and reduce reporting requirements.	Dec 10	⬚	This work is in progress. The new model of care for the IFHC provides an opportunity to review and improve reporting requirements.
Pathway for nurse/allied care for different patient groupings across settings	Jun 11	⬚	1. The focus of this work over the next few months will be on a Transfer of Care (Discharge Planning) pathway as this will improve patient journey significantly <u>Advisory Group</u> ➢ Advisory group commenced, Amber Salanoa Harr, Rose Kennedy, Debbie Hunter, Robyn McLaughlin, Anne Knipe, Primary Care nurse to be added to the group <u>Discharge Boards:</u> ➢ Boards are being used effectively <u>MDT approach</u> ➢ Clinical areas utilising MDT meetings to facilitate discharge coordination ➢ Improved communication between agencies and service providers (such as DHB ward staff and Carelink) is occurring to improve patient journey 2. The single point of entry 'pathway/process' for Buller is included in the completed Development Plan 3. The Model of Care workshops for Grey are to be held on December 8 & 9 4. The development of a diabetes model of care is underway for the refinement of care delivery, this model is to be 'whole of system' with the patient at the centre.
Integrated model of care for community nursing, allied health and mental health is developed by September **(in Buller)**	Sept 11	✓	The Buller Integrated Family Health Centre Development Plan & Indicative/Strategic Business Case has been completed and approved for implementation.
Integrated model of care for community nursing, allied health and mental health will have a phased implementation from January 12 **(in Buller)**	Jan12	⬚	The above document has been completed and includes an implementation plan. A new implementation team is now in placed Chaired jointly by Hecta Williams and Wayne Turp.

More patients are able to access these above services through primary care	Jun 12	⬚	1. Data is being gathered to measure access to specialty nursing services delivered in the community based setting. 2. Referral system to nursing, allied and mental health community based services from primary care (GP) requires refining and streamlining, alongside the action of the primary based (GP Practice) clinicians in actually referring to these services. 3. Data is also to be gathered to ascertain what is not being referred that should be.
Patients experience a seamless and coordinated approach to services that are provided by the integrated family health system as measured by the community satisfaction survey and develop action plans to make additional improvements from	Aug11	✓	4. The survey currently used is the Royal NZ College of GP's survey. This has recently been distributed, the responses are being collated and distributed to practice QI teams. A new patient satisfaction survey may need to be developed to encompass the multidisciplinary and integrated model of care, to assess integration and inform ongoing improvements.
All relevant clinical staff training in use of ManageMyHealth	Jun 12	✓	Training can be completed once ManageMyHealth has been uploaded.
Integrated mental health system in Buller commenced in November 2011	Dec 11	⬚	1. A single mental health referral form is being developed at present. 2. Primary mental health coordinator and district manager CMH continue to meet weekly to allocate referrals; a practice nurse will also join the meetings. 3. Details of a layered/stepped care model are being considered. 4. Mental Health resource kit will be updated and "beating the blues" internet therapy to be commenced via PHO and GP's/practice nurses. 5. There needs to be further consideration about crisis work and what is and is not possible given current resources.
The patient pathway for alcohol, drug and other addictions is in place	Jun 12		Yet to commence.

6. HEALTH AND OLDER PEOPLE

Owner: Workstream Team Leader – Dr Jackie Broadbent Chair of the Health and Older People Service Level Alliance (Jan 2012)

Key Result	Date	Status	Current Achievement/Progress
Read only access to InterRAI established	Jun 10		Read only access has been established. Work plan to continue with the roll out has not yet been established.
Plan for moving assessments for short term to Carelink ready for consultation 30 June	Jun 10		The plan is now that the WCDHB Support Service will provide assessment for short term support services and Carelink for long term.
Restorative package based model in place	Mar 11		Restorative packages of care have been identified from NMDHB and this process is the preferred method for providing home based support services by the Regional Planning and Funding Group. A project will introduce these packages into Carelink in the next 2 – 3 months with support from NMDHB NASC. Essential to the package model of care is the restorative model in older persons health services. The sector is to be trained in the restorative model and then the home based support providers Access and WCDHB will upskill their support workers to provide services to those receiving complex packages. Plans are being developed with Jackie Broadbent Geriatrician to develop a community AT&R service which will offer a restorative approach to client care.
Reduced unplanned acute admissions for people aged over 65 by 5% on baseline.	1/4ly report		Data unavailable.
Reduction in waiting time for support services and for community allied health services.	1/4ly report		The virtual ward will have Allied Health attached and this will have a community focus so will improve access to Allied Health. This service is proposed for 2012. The NASC team are experiencing high case loads and this will increase when they are required to move to packages of care which has a strong focus on case management and reviews. As of 9th January 2012 the NASC service became fully staffed and will be able to manage the workload associated with a new model of practice. A report is available to measure the time between referral client assessments which has not been analysed.

Delayed entry to ARC and extension of independent living. Rate of admission to permanent rest home level of care for people aged 75+ at 5.5%	1/4ly report	✓	Recent analysis of the rate of rest home entry shows that it has dropped from 5.8% of people aged 75 plus years in 2009-10 to 5.5 % for 2010-11. These rates are now being monitored regularly as part of Carelink systems.
Reduced unplanned acute admissions for people aged over 65 by 5% on baseline.	1/4ly report		Data unavailable.
Reduction in waiting time for support services and for community allied health services.	1/4ly report		Data unavailable.
Delayed entry to ARC and extension of independent living. Rate of admission to permanent rest home level of care for people aged 75+ at 5.5%	1/4ly report		Data unavailable. Restorative care packages are being developed, and the virtual ward concept to be implement by July 2012.

7. LEADERSHIP

Owner: Workstream Team Leader – Anthony Cooke & Wayne Turp

Key Result	Date	Status	Current Achievement/Progress
The West Coast health system clinical governance responsibility will include clinical oversight over the implementation of BSMC	Sept 11.		PHO Clinical Governance Committee is overseeing ManageMyHealth implementation and a number of other related BSMC initiatives. Coast-wide clinical governance not yet in place.
West Coast DHB and PHO display effective ownership and stewardship of BSMC through the ALT.	Ongoing		ALT meets monthly and the leadership group comprising DHB and PHO meet weekly.
Plan developed, in consultation and agreement with the PHO, for the use of PHO cash reserves during 2011/12 and beyond	Ongoing		A number of meetings on these issues have taken place and both the WCDHB and the PHO have been kept informed of progress and required decisions in this regard.

GENERAL BUSINESS

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Chair Community and Public Health Advisory and Disability Support Advisory Committees**

DATE: **23 February 2012**

ITEMS TO BE REPORTED BACK TO BOARD

GENERAL BUSINESS

To be tabled at the meeting for any items to be discussed under General Business.

Author: **Elinor Stratford, Chair, February 2012**

INFORMATION PAPERS

Community Public Health Advisory Committee and Disability Support Advisory Committee Terms of Appointment

West Coast District Health Board and Advisory Committee Timetable

Human Resource Report

Workplan

Westport Integrated Family Health Centre Community Engagement Report

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE TERMS OF APPOINTMENT

Member	**Date of Appointment**	**Length of Term**	**Expiry Date**
Elinor Stratford **Chair** **(West Coast District Health Board member)**	27 January 2011 (re-appointed 27 January 2012)	3 months	30 April 2012
Kevin Brown **Deputy Chair** **(West Coast District Health Board member)**	27 January 2011 (re-appointed 27 January 2012)	3 months	30 April 2012
Barbara Holland	Co-opted September 2004 Appointed 4 March 2005 (Re-appointed 1 October 2007 and 30 June 2009	3 Years	30 June 2012
Cheryl Brunton	1 February 2005 (Re-appointed 3 November 2006 and 13 June 2008)	Whilst remaining as the Medical Officer of the Health for the West Coast DHB	
John Ayling	24 March 2011	1 Year	31 December 2011
John Vaile **(West Coast District Health Board member)**	27 January 2011 (re-appointed 27 January 2012)	1 Year	30 April 2012

Member	Date of Appointment	Length of Term	Expiry Date
Lynnette Beirne	24 March 2011	1 Year	31 December 2011
Marie Mahuika-Forsyth	20 April 2009	Until advised by Te Runanga o Makaawhio	
Mary Molloy **(West Coast District Health Board member)**	27 January 2011 (re-appointed 27 January 2012)	3 months	30 April 2012
Robyn Moore	3 June 2011	3 years	3 June 2014
Patricia Nolan	18 July 2005 (Re-appointed 18 July 2006, 19 July 2008, July 2011)	3 Years	18 July 2012

WEST COAST DISTRICT HEALTH BOARD AND ADVISORY COMMITTEE TIMETABLE
JANUARY TO DECEMBER 2012

DATE	MEETING	TIME	VENUE
Friday 27 January 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 23 February 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 23 February 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 23 February 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 9 March 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 12 April 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 12 April 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 12 April 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 20 April 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 24 May 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 24 May 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 24 May 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 8 June 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 12 July 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 12 July 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 12 July 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 20 July 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 23 August 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 23 August 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 23 August 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 7 September 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 11 October 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 19 October 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 22 November 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 7 December 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth

HUMAN RESOURCES REPORT

TO: **Chair and Members**
Hospital Advisory Committee, West Coast District Health Board

FROM: **Kim Hibbs and Carolyn Findlay, Human Resource Advisor's**

DATE: **10th February 2012**

RECRUITMENT / VACANCIES FOR JANUARY 2012

POSITION	STATUS
Senior Medical Staff	
Anaesthetist	Applicants are being interviewed when they apply – recruitment ongoing.
GP's – Reefton, Buller Medical, Greymouth Medical	Applicants are being interviewed when they apply – recruitment ongoing.
Medical Officer – A & E	Applicants are being interviewed when they apply – recruitment ongoing.
Orthopaedic Surgeon	Applicants are being interviewed when they apply – recruitment ongoing.
O & G Consultant	Applicants are being interviewed when they apply – recruitment ongoing.
Physician	Applicants are being interviewed when they apply – recruitment ongoing
Psychiatrist	Applicants are being interviewed when they apply – recruitment ongoing
Nursing Staff	
New Graduate Programme	Employees commenced end of January
Nurse Practitioner – RAGP	Employee to commence shortly
Rural Nurse Specialist – Haast	Advertising
District Nurse	

POSITION	STATUS
Public Health Nurse	Interviewing Interviewing
Mental Health	
Casual RN - Kahurangi	Applicants are being interviewed when they apply – recruitment ongoing.
Registered Nurse IPU	Applicants are being interviewed when they apply – recruitment ongoing.
Psychiatric Assistant - Kahurangi	Appointed
Support Worker – Westland Community Mental Health	Shortlisting
Allied Health	
Dental Assistant - Buller	Appointed
Clinical Manager – Social Work	Advertising
CAMHS- AOD	No appointment made
Clinical Manager – Occupational Therapy	Advertising
Occupational Therapist – Casual	Employee has commenced
Dementia Education Coordinator	Interviewing
Child and Adolescent Resource Worker	Interviewing
Other	

POSITION	STATUS
Weekend Receptionist	Interviewing
Quality Coordinator – Hospital Services	Employee has commenced
Quality and Patient Safety Manager	Employee commences mid February
Business Manager – GMC and RAGP	Currently Shortlisting
Coordinator – Rural Learning Centre	Employee commences March
Home Based Support Workers	Applicants are being interviewed when they apply – recruitment ongoing.

Author: **Kim Hibbs / Carolyn Findlay – 10th February 2012**

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE WORKPLAN

Objective	Responsibility	Due Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To receive a report on relevant section for CPH/DS Advisory Committee							
1. Disability Support Issues	Portfolio Manager	Ongoing	Quarterly		√		
2. Clinical Leadership	Chief Medical Advisor	Ongoing	Quarterly		√		Report provided from the Clinical Leadership Team
3. Primary Health Organisation Quarterly Report	Chief Executive Officer West Coast PHO	Ongoing	Quarterly		√		Report included in papers.
4. Quality and Risk Management to monitor	Quality and Risk Manager	Ongoing	Each meeting		√		
5. Human Resources	Human Resource Manger	Ongoing	Each meeting		√		Report included in papers
6. Financial performance	Chief Financial Officer	Ongoing	Each meeting		√		Report included in papers.
Provide input into							
7. South Island Health Alliance Leadership Team / Regional Clinical Services Plan	Chief Medical Advisor /General Manager Planning and Funding		Quarterly		√		
8. Annual Plan / Statement of Intent	General Manager Planning and Funding	2012-2013	Annually		√		To be discussed in the In-Committee papers.
9. Annual Report	Chief Financial Officer / General Manager Planning and Funding	18 November 2011	Annually				The Annual Report is available upon request.
10. Provision of advice to the Board on how to reduce the deficit	Chief Finance Officer	Ongoing	Each meeting		√		
11. Provision of advice to the Board on how to effectively collaborate with other DHBs	Clinical Leaders		Quarterly		√		

To monitor							
12. Better Sooner More Convenient / IFHCs	General Manager Planning and Funding	Ongoing	Each meeting		√		
13. The Health targets to monitor	General Manager Planning and Funding	Ongoing	Quarterly		√		
14. Ministry of Health quarterly reports against other aspects of the Annual Plan / Statement of Intent	General Manager Planning and Funding	Ongoing	Quarterly		√		
15. Mental Health Service Issues	Portfolio Manager	Ongoing	As required				
16. Maori Health Issues	General Manager Maori Health	Ongoing	As required				
17. Child and Youth Health	Portfolio Manager	Ongoing	As required			√	
18. Access to primary health – GP waiting times	West Coast Primary Health Organisation	Ongoing	Quarterly		√		Anthony Cooke - PHO
Advisory Committee presentations			Each meeting?				
19. Clinical Leadership	Dr. Carol Atmore	14 April 2011				√	
20. Elder care strategy	Dr. Jackie Broadbent	19 May 2011				√	
21. Pharmacy services	Nick Leach	14 July 2011				√	
22. Laboratory services	Phil Clarke	30 September 2011			√		To be rescheduled.

INTEGRATED FAMILY HEALTH CENTRE COMMUNITY ENGAGEMENT UPDATE

TO: **Members, Community and Public Health Advisory Committee and Disability Support Advisory Committee**

FROM: **Bryan Jamieson, Communication Officer**

DATE: **23 February 2012**

WESTPORT INTEGRATED FAMILY HEALTH CENTRE COMMUNITY ENGAGEMENT UPDATE UPDATE

Following submissions and feedback from the community, health professionals and other interested parties on the proposed Buller Integrated Family Health Centre (IFHC), the Board of the West Coast DHB has concluded that the Buller IFHC should be built on a single site and that aged care be combined under a single provider.

The Board also supported the associated development of detailed plans and costings for a new build on a single site.

A final decision regarding the site chosen for the new facility will be made at the March Board meeting once Board members have visited Westport and inspected the two proposed site options - the Buller Health and O'Conor Trust sites.

West Coast DHB Acting Chair Peter Ballantyne said that Friday's decision by the Board was a very important step towards a final choice on the provision of future health services.

"The Board is determined to make the right decision for the people of the Buller area. Giving Board members the opportunity to see the site options and facilities first hand will enable them to make a considered judgement when the issue is finalised at the March Board meeting.

Further meetings are planned for February between the DHB and the O'Conor Trust to continue a commitment to working together on aspects of this project. West Coast DHB Chief Executive David Meates reaffirmed that that staff, community and other interested parties will be kept aware of the situation as the final decision approaches.

As discussed at the public meetings the DHB will also enter into dialogue with potential private sector investors as it further investigates the opportunity of a private – public partnership for funding the new facility.

GREYMOUTH INTEGRATED REGIONAL HEALTH SERVICES COMMUNITY ENGAGEMENT UPDATE

- A perspective piece by David Meates was prepared, and published in the Grey Star on the need and rationale for changes to the health system on the West Coast encouraging residents to have their say and inviting them to a health expo held at Tai Poutini Polytechnic.

- On December 1 and 2 a health expo was held for health sector stakeholders and residents of the West Coast. The concept was developed by Roger Dennis along the lines of similar public engagement held recently in Christchurch. David Meates also gave two presentations to expo visitors.

- Health sector workers and community leaders were invited to particular expo sessions.

- The majority of feedback to date was collected via corkboards at the expo and further opportunities to make comment were also publicised.

- David Meates spoke with Laura Mills, chief reporter of the Greymouth Star to update her on the ideas and concepts raised at the health expo.

- A supportive perspective piece written by the communications team of behalf of Grey District mayor, Tony Kokshoorn was published in the Grey Star two weeks after the expo. Over the next months we will look to write pieces on behalf of other key leaders in Greymouth talking about the proposed changes and the redevelopment.

- The posters used in the health expo have been reproduced and placed in the shop windows of two vacant main street shops, one in Greymouth and one on Westport. They have also been placed along one of the corridors in Grey Base Hospital.

- The posters and a copy of David Meates' presentation have also been uploaded onto the West Coast DHB website together with some questions to guide feedback.

- Our plan is to take the expo information 'on the road' to other areas on the Coast.

- Communications will evolve as the project continues.

RECOMMENDATION

That the Integrated Family Health Centre Community Engagement Update Report be received.

Author: **Communication Officer – February 2012**